

## CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS                                                             |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                                                              | Ceran's 14 de Julho Hydro Power Plant CDM Project Activity                                                         |
| <b>Project / programme of activities reference number:</b><br>(if available)                                       | 1829                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                  |                                                                                                                    |
| <b>Name of entity:</b><br>CERAN Companhia Energetica Rio das Antas                                                 |                                                                                                                    |
| <b>Address:</b><br>Avenue Carlos Gomes, 300 - 8 floor<br>Rio Grande do Sul<br>90480-000 Porto Alegre, RS<br>Brazil |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Brazil                                                        |                                                                                                                    |
| <b>End-date of participation:</b>                                                                                  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                                             | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Fischer                                                                                                 | Telephone 1:                                                                                                       |
| First name: Vendolino                                                                                              | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Lumina Engenharia e Consultoria Ltda.                                                    |                                                                                                                    |
| <b>Address:</b><br>Rua Bela Cintra, 746, Apart 102<br>01415-000 Sao Paulo, SP<br>Brazil                            |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Brazil                                                        |                                                                                                                    |
| <b>End-date of participation:</b>                                                                                  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                                             | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: W. Ennes                                                                                                | Telephone 1:                                                                                                       |
| First name: Sergio A.                                                                                              | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                | Date (dd/mm/yyyy):                                                                                                 |