

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	
Title of the project / programme of activities	Chaglla Hydroelectric Power Plant CDM Project
Project / programme of activities reference number: <i>(if available)</i>	9116
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Empresa de Generación Huallaga S.A	
Address: Avenida Victor Andres Belaunde, 280 Oficina 601 San Isidro Lima Peru	
Party (country authorizing participation): Peru	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Arfelli	Telephone 1:
First name: Erlon	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Carrasco	Telephone 1:
First name: Julio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Corporación Andina de Fomento – CAF	
Address: Av. Enrique Canaval y Moreyra, Piso 13. No 380, Torre Siglo XXI, San Isidro, Lima Peru	
Party (country authorizing participation): Peru	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Gomez	Telephone 1:
First name: Mary	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Miranda Velazquez	Telephone 1:
First name: Alejandro	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):