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	Serra das Agulhas Small Hydropower Plant Project Activity
Project / programme of activities reference number: *(if available)*	7071

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Omega Energia Renovavel S.A.		
Address: Av. Sao Gabriel, 477, 2 Andar, Itaim Bibi 01435-001 Sao Paulo Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Antonio R. Da Cunha		Telephone 1:
First name: Joao		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Oliveira		Telephone 1:
First name: Leonardo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Sigma Energia S.A.		
Address: Av. Sao Gabriel, 477, 2 Andar, Itaim Bibi 01435-001 Sao Paulo Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Antonio R. Da Cunha		Telephone 1:
First name: Joao		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐

Last name: Oliveira	Telephone 1:
First name: Leonardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Ecopart Assessoria em Negocios Empresariais Ltda.
Address: Rua Padre Joao Manoel, 222 01411-000 Sao Paulo Brazil
Party (country authorizing participation): Brazil

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Hirschheimer	Telephone 1:
First name: Melissa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Mazaferro	Telephone 1:
First name: Marco	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):