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	Aquarius Hydroelectric Project
Project / programme of activities reference number: *(if available)*	0627

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Aquarius Energética S.A.		
Address: Rua da Cana 178, Sonora, MS 79415-000 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: Giobbi		Telephone 1:
First name: Francisco		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):

Name of entity: Electric Power Development Co., Ltd.		
Address: 6-15-1 Ginza Chuoku, Tokyo 104-8165 Japan		
Party (country authorizing participation): Japan		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Nakayama		Telephone 1:
First name: Sumie		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):

Name of entity: MGM Carbon Portfolio S.a.r.l.		
Address: 121, Avenue de la Faiencerie, Luxembourg L-15511 Luxembourg		
Party (country authorizing participation): Switzerland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Urteaga		Telephone 1:
First name: Jose Antonio		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: MGM Carbon Portfolio S.a.r.l.	
Address: 121, Avenue de la Faiencerie, Luxembourg L-15511 Luxembourg	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Urteaga	Telephone 1:
First name: Jose Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):