

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 | SHPPs Jorge Dreher and Henrique Kotzian CDM Project |
| Project / programme of activities reference number: <i>(if available)</i> | 8018 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: BME Rincao do Ivai Energia S.A. | |
| Address: Avenida Brasil, 2530, Sala H, Ibiruba, Rio Grande do Sul, Brazil | |
| Party (country authorizing participation): Brazil | |
| 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: Rischbieter | Telephone 1: |
| First name: Ivo | 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: Pedrotti | Telephone 1: |
| First name: Argeu | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: BME Capao da Convencao Energia S.A. | |
| Address: Avenida Brasil, 2530, Sala I, Ibiruba, Rio Grande do Sul, Brazil | |
| Party (country authorizing participation): Brazil | |
| 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: Rischbieter | Telephone 1: |
| First name: Ivo | 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: Pedrotti | Telephone 1: |
| First name: Argeu | Telephone 2 (optional): |
| Email: | Fax (optional): |

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|---|--|--|--|
| Specimen signature: | | Date (dd/mm/yyyy): | |
| Name of entity: Carbotrader Assessoria e Consultoria em Energia Eireli | | | |
| Address: St Maestro Manoel Antiquiera, 90 Jundiai, Sao Paulo Brazil | | | |
| Party (country authorizing participation): Brazil | | | |
| 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: Clessie de Moraes | | Telephone 1: | |
| First name: Arthur Augusto | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |