

# CDM-MOC-FORM Form: ANNEX 1

<b>Date of submission</b>		24/11/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Ecoelectric-Valdez bagasse cogeneration plant	
<b>2. Please state project ID Number if available</b>	4654	
<b>Section 2: List of project participants</b>		
<b>Name of the entity:</b> Ecoelectric S.A		
<b>Party (country that authorised participation):</b> Ecuador		
<b>Contact details (primary authorised signatory):</b>	Mr.	
Last name: Rodriguez Ramos	Telephone:	
First name: Ivan	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorised signatory):</b>		
Mr.		
Last name: Sosa Salame	Telephone:	
First name: Sergio	Fax:	
Email:	Address:	
Specimen signature:		
<b>Name of the entity:</b> Compañía Azucarera Valdez S.A.		
<b>Party (country that authorised participation):</b> Ecuador		
<b>Contact details (primary authorised signatory):</b>	Mr.	
Last name: Schneidewind Schmith	Telephone:	
First name: Ralf Clemens	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorised signatory):</b>		
Mr.		
Last name: Sandoval Trujillo	Telephone:	
First name: Edgar	Fax:	
Email:	Address:	
Specimen signature:		

<b>Name of the entity:</b> Corporación Andina de Fomento (CAF) acting as administrator of the CAF-Netherlands CDM facility	
<b>Party (country that authorised participation):</b> Netherlands	
<b>Contact details (primary authorised signatory):</b>	Ms.
Last name: Gomez	Telephone:
First name: Mary	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	Mr.
Last name: Rojas	Telephone:
First name: Camilo	Fax:
Email:	Address:
Specimen signature:	
<b>Name of the entity:</b> Netherlands' Ministry of Infrastructure and the Environment	
<b>Party (country that authorised participation):</b> Netherlands	
<b>Contact details (primary authorised signatory):</b>	Ms.
Last name: Gerards	Telephone:
First name: Marisa	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	Mr.
Last name: Goote	Telephone:
First name: Maas	Fax:
Email:	Address:
Specimen signature:	