

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	BRASCARBON Methane Recovery Project BCA-BRA-01
Project / programme of activities reference number: <i>(if available)</i>	2318
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Luso Carbon Fund – Fundo Especial de Investimento Fechado	
Address: Rua Tierno Galvan, Torre 3 Piso 10 1070-274 Lisbon Portugal	
Party (country authorizing participation): Portugal	
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: Caetano	Telephone 1:
First name: Paulo	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: Moita	Telephone 1:
First name: Ricardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Brascarbon Consultoria, Projetos e Representação Ltda.	
Address: Rua Dr Gentil Leite Martins, 395 04648001 Sao Paolo 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: Lasas	Telephone 1:
First name: Luiz	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: Almeida	Telephone 1:

First name: Ivai	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):