

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	BT Geradora de Energia Elétrica S. A. – Ferradura Small Hydro Power Plant – Small Scale CDM Project
Project / programme of activities reference number: (if available)	0229
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: BT Geradora de Energia Eletrica S.A.	
Address: Rua Presidente Kennedt, 977 sala 902 Frederico Westphalen 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: Back	Telephone 1:
First name: Woimer Jose	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The Chugoku Electric Power Co., Inc.	
Address: 4-33, Komachi Naka-ku 73-8701 Hiroshima Japan	
Party (country authorizing participation): Japan	
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: Hamamoto	Telephone 1:
First name: Shin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Constellation Energy Commodities Group Inc.	
Address: 61, Aldwych 7th Floor WC2B 4AE London United Kingdom of Great Britain and Northern Ireland	

Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Meyrick	Telephone 1:
First name: Mark	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):