## **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").

Title of the project / programme of activities  Project / programme of activities reference number: (if available)  SECTION 2: LIST OF PROJECT  Name of entity: Vale S.A.  Address: Av. Graca Aranha 26, 3 andar, Castelo, Rio de Janeiro, 20030-900 Brazil  Party (country authorizing participation): Brazil  End-date of participation:  Contact details (primary authorized signatory):  Last name: Monteiro Cabral  First name: Vitor  Email:  Specimen signature:		
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Contact details (primary authorized signatory):  Last name: Monteiro Cabral  First name: Vitor  Email:  Specimen signature:		
Last name: Monteiro Cabral  First name: Vitor  Email:  Specimen signature:	End-date of participation:	
First name: Vitor Email: Specimen signature:	Mr. ☑ Ms. ☐	
Email:  Specimen signature:	Telephone 1:	
Specimen signature:	Telephone 2 (optional):	
	Fax (optional):	
Name of antity:	Date (dd/mm/yyyy):	
Vale Florestar S.A.		
Address: BR 010 km 16, Caixa Postal 94, Dom Eliseu, Para, 68.633-000 Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	not limited in time)	
Contact details (primary authorized signatory):	Mr. ☑ Ms. □	
Last name: Garcia	Telephone 1:	
First name: Carlos Henrique	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		