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:		
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:	T PARTICIPANT ENTITY/IES	
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:		
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:		
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:		
Brazil End-date of participation: Contact details (primary authorized signatory): Last name: Monteiro Cabral First name: Vitor Email: Specimen signature:		
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:		