

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	Passo do Meio, Salto Natal, Pedrinho I, Granada, Ponte and Salto Corgão Small Hydroelectric Power Plants - Brascan Energética S.A. Project Activity
Project / programme of activities reference number: <i>(if available)</i>	0519
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Brascan Energética S.A.	
Address: Rua Padre Anchieta, 2285 – 8th floor Curitiba PR 80730-000 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: Coas	Telephone 1:
First name: Joao Robert	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Finance Corporation as Trustee of the IFC-Netherlands Carbon Facility (INCaF)	
Address: 2121 Pennsylvania Avenue, NW, Washington DC 20433 United States of America	
Party (country authorizing participation): Netherlands	
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: Widge	Telephone 1:
First name: Vikram	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ministry of Housing, Spatial Planning and the Environment	
Address: IPC 670, P.O. Box 30945, The Hague, 2500 GX Netherlands	
Party (country authorizing participation): Netherlands	
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: De Jonge	Telephone 1:

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