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	Exploitation of the biogas from Controlled Landfill in Solid Waste Management Central – CTRS / BR.040
Project / programme of activities reference number: *(if available)*	3464

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Consórcio Horizonte Asja		
Address: Av. Irai n. 79, cj 12B , Barrio Indianapolis, Sao Paulo 04082-000 Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Roveda		Telephone 1:
First name: Enrico Maria		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Asja Brasil Serviços para o Meio Ambiente Ltda		
Address: Av. Irai n. 79, cj 12B, Bairro Indianapolis,Sao Paulo 04082-000 Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Uchida		Telephone 1:
First name: Melina Yurie		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Aria.biz S.A.		
Address: Montevideo 589 Piso 7th Capital Federal Buenos Aires 1019 Argentina		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Vigna Taglianti		Telephone 1:
First name: Carlo		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):