

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	Zillo Lorenzetti Bagasse Cogeneration Project (ZLBC)
Project / programme of activities reference number: (if available)	0202
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Usina Barra Grande de Lencois S/A	
Address: Rodovia Marechal Rondon Km 289, Lencois Paulista Sao Paulo 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: Morelli	Telephone 1:
First name: Jose Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Acucareira Zillo Lorenzetti S/A	
Address: Fazenda Sao Jose, Zona Rural, Macatuba Sao Paulo 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: Dalben	Telephone 1:
First name: Paulo Roberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: BHP Billiton Marketing AG	
Address: Verheeskade 25, 2521 BE, PO Box 19511 2500 CM The Hague 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: Mueller	Telephone 1:
First name: Rolf	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Ecoinv Global Ltd.		
Address: Rua Padre Joal Manuel 222, Sao Paulo SP 01411 000 Brazil		
Party (country authorizing participation): Switzerland		
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: Martins Jr.	Telephone 1:	
First name: Carlos	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: Hirschheimer	Telephone 1:	
First name: Melissa	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):