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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
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. ☐ Ms. ☒
Last name: Hirschheimer	Telephone 1:
First name: Melissa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):