

## 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                                                    |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                                                     | Toabré Wind Farm                                                                                                   |
| <b>Project / programme of activities reference number:</b><br>(if available)                              | 8364                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                         |                                                                                                                    |
| <b>Name of entity:</b><br>Fersa Panama S.A.                                                               |                                                                                                                    |
| <b>Address:</b><br>Edificio Plaza 2000, 7th Floor, Street 50 and 53,<br>Panama                            |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Panama                                               |                                                                                                                    |
| <b>End-date of participation:</b>                                                                         | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                                    | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Bernal Silva                                                                                   | Telephone 1:                                                                                                       |
| First name: Targidio                                                                                      | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                    | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                       | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>CO2 Global Solutions International S.A.                                         |                                                                                                                    |
| <b>Address:</b><br>C/ Claudio Coello 76 Bajo C,<br>28001 Madrid<br>Spain                                  |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland |                                                                                                                    |
| <b>End-date of participation:</b>                                                                         | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                                    | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Lanseros Valdes                                                                                | Telephone 1:                                                                                                       |
| First name: Alfonso                                                                                       | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                    | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                       | Date (dd/mm/yyyy):                                                                                                 |