

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	SHPs Albano Machado and Rio dos Índios CDM Project (JUN1115)
Project / programme of activities reference number: <i>(if available)</i>	6465
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Rio do Lobo Energia Ltda	
Address: Ac Passo do Lobo, s/n Trindade do Sul- RS 99.615-000 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: de Almeida	Telephone 1:
First name: Alvaro Augusto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Casa de Pedra Energia S.A	
Address: Av. Siete de Setembro, 4476,3rd Floor cj 305 80.250-210 Curitiba 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: de Almeida	Telephone 1:
First name: Alvaro Augusto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Carbotrader Assessoria e Consultoria em Energia EIRELI	
Address: Rua Maestro Manoel Antiquiera, 90 Jundiá, 13216-310 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: Clessie de Moraes	Telephone 1:
First name: Arthur Augusto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):