

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 Tambaú, das Pedras and Rio do Sapo CDM Project (JUN1132), Brazil
Project / programme of activities reference number: <i>(if available)</i>	9925
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Tambaú Energética S.A.	
Address: St. Joinville, 209 room 306 -Blumenau- SC 89035-200 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: Silveira	Telephone 1:
First name: Olinto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Euclides Maciel Energética S/A	
Address: St. Joinville, 209 room 306 -Blumenau- SC 89035-200 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: Silveira	Telephone 1:
First name: Olinto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Rio do Sapo Energia S.A.	
Address: St. Avelina Jaci Bohn, 592-S, room 2 Tangara da Serra- MT 78.300-000 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: Rischbieter	Telephone 1:
First name: Ivo	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Carbotrader Assessoria e Consultoria em Energia Eireli	
Address: St. Maestro Manoel Antiquera, 90, Jundiai, SP 13216-310 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):