

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 | |
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| Title of the project / programme of activities | RIO BLANCO Small Hydroelectric Project |
| Project / programme of activities reference number: <i>(if available)</i> | 0028 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Sociedad Hidroelectrica Rio Blanco S.A. de C.V (SHRB) | |
| Address: Francisco Morazan Tegucigalpa, M.D.C. Honduras | |
| Party (country authorizing participation): Honduras | |
| 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: Nunez | Telephone 1: |
| First name: Roberto A. | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Asociacion de Peuenos Productores de Energia Renovable | |
| Address: Col. Tepeyac, Edificio Millennium, 4to piso, Local #16 Apartado Postal #15100 Francisco Morazan Tegucigalpa M.D.C. Honduras | |
| Party (country authorizing participation): Honduras | |
| 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: Zapata | Telephone 1: |
| First name: Eda | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Ministry for Foreign Affairs of Finland | |
| Address: P.O. Box 176 FIN-00161 Helsinki Finland | |
| Party (country authorizing participation): Finland | |

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|--|--|
| 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: Puustinen | Telephone 1: |
| First name: Pekka | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |