

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	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	

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):