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	Casa Nova Wind Power Plant CDM Project
Project / programme of activities reference number: *(if available)*	9914

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES

Name of entity:
CHESF-Companhia Hidro Eletrica do Sao Francisco

Address:
Delmiro Gouveia, 333, Room C234, San Martin-Recife/Pernambuco 50761-901
Brazil

Party (country authorizing participation):
Brazil

End-date of participation: ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Junior	Telephone 1:
First name: Ruy	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Jatoba	Telephone 1:
First name: Eduardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
Ecofinance Negocios Eireli

Address:
Germano Petersen Junior, 101-706, Porto Alegre/Rio Grande do Sul 90540-140
Brazil

Party (country authorizing participation):
Brazil

End-date of participation: ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Leao	Telephone 1:
First name: Eduardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
WayCarbon Solucoes Ambientais e Projetos de Carbono Ltda.

Address:
Professor Jose Vieira de Mendonca, 770, Room 210, Engenho Nogueira, Belo Horizonte/Minas Gerais 31310-260
Brazil

Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Brito		Telephone 1:
First name: Matheus		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Pereira		Telephone 1:
First name: Henrique		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):