

## 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                              |  |
|---|--|
| <b>Title of the project / programme of activities</b>                               | Conversion of Open Cycle Gas Turbines to Combined Cycle at Kallpa Thermoelectric Power Plant                       |
| <b>Project / programme of activities reference number:</b><br>(if available)        | 7609   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                   |  |
| <b>Name of entity:</b><br>Kallpa Generación S.A.                                    |  |
| <b>Address:</b><br>Av. Santo Toribio 115, Edificio Tempus, San Isidro, Lima<br>Peru |  |
| <b>Party (country authorizing participation):</b><br>Peru                           |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                              | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Coloma   | Telephone 1:   |
| First name: Joaquin   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>                            | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Urbina   | Telephone 1:   |
| First name: Daniel  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Mercuria Energy Trading SA                                |  |
| <b>Address:</b><br>50 Rue du Rhone, 1204 Geneva<br>Switzerland                      |  |
| <b>Party (country authorizing participation):</b><br>Switzerland                    |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                              | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Jean-Francois  | Telephone 1:   |
| First name: Steels  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>                            | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Vevle  | Telephone 1:   |
| First name: Carl  | Telephone 2 (optional):  |

|                     |                    |
|---------------------|--------------------|
| Email:              | Fax (optional):    |
| Specimen signature: | Date (dd/mm/yyyy): |