

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	Grid connected electricity generation from renewable source: Windfarm Complex União dos Ventos, Serveng Civilsan S.A.
Project / programme of activities reference number: <i>(if available)</i>	7196
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Ventos Potiguares Comercializadora de Energia S.A.	
Address: Deputado Vicente Penlido Street, 255, 02064-120 Sao Paulo 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: Silva	Telephone 1:
First name: Mario	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Moreira	Telephone 1:
First name: Rafael	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: WayCarbon Solucoes Ambientais e Projetos de Carbono Ltda	
Address: Av. Paulista, 37 - 10th Floor, 01311-902 Sao Paulo 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: Brito	Telephone 1:
First name: Matheus	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>

Last name: Henrique	Telephone 1:
First name: Pereira	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):