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		São João Landfill Gas to Energy Project (SJ)
Project / programme of activities reference number: (if available)		0373
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Biogas Energia Ambiental S/A		
Address: Rua Guararapes no. 1909 - 4 andar Brooklin 04561-004 Sao Paolo Brazil		
Party (country authorizing partic Brazil	ipation):	
End-date of participation:	☑ N/A (participation)	is not limited in time)
Contact details (primary authoriz	zed signatory):	Mr. ⋈ Ms. □
Last name: Delbin		Telephone 1:
First name: Antonio Carlos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Rua do Paraiso, no. 387 - 3 andar Paraiso 04103-000 Sao Paulo Brazil Party (country authorizing partic	ipation):	
Brazil	_	
End-date of participation:	1	is not limited in time) dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. ⊠ Ms. □
Last name: Martins Alves Sobrinho		Telephone 1:
First name: Eduardo Jorge		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: KfW		
Address: Palmengartenstrasse 5-9 60325 Frankfurt am Main Germany		
Party (country authorizing participation): Germany		
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy	

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Contact details (primary authoriz	ed signatory):	Mr. ☑ Ms. □	
Last name: Theilacker		Telephone 1:	
First name: Peter		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Mercuria Energy Trading SA			
Address: Rue du Rhone 50, 6th floor 1204 Geneva Switzerland			
Party (country authorizing participation): Switzerland			
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □	
Last name: Steels		Telephone 1:	
First name: Jean-Francois		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	