

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 | ARAPUtanga Centrais ELétricas S. A. - ARAPUCEL - Small Hydroelectric Power Plants Project |
| Project / programme of activities reference number: (if available) | 0530 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Araputanga Centrais Eletricas S.A. | |
| Address: Alameda Antonio Brennand, s/n 50741-904 Recife - Pernambuco 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: Monteiro Brennand | Telephone 1: |
| First name: Jaime | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Arapucel Indiavai S.A. | |
| Address: Alameda Antonio Brennand, s/n 50741-904 Recife - Pernambuco 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: Monteiro Brennand | Telephone 1: |
| First name: Jaime | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Arapucel Ombreiras S.A. | |
| Address: Alameda Antonio Brennand, s/n 50741-904 Recife - Pernambuco 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: Monteiro Brennand | | Telephone 1: | |
| First name: Jaime | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| Name of entity: The Chugoku Electric Power Co., Inc. | | | |
| Address: 4-33, Komachi Naka-ku 730-8701 Hiroshima Japan | | | |
| Party (country authorizing participation): Japan | | | |
| 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: Hamamoto | | Telephone 1: | |
| First name: Shin | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| Name of entity: Sumitomo Mitsui Banking Corporation | | | |
| Address: 1-3, Yurakucho 1-chome Tokyo Takarazuka Building 17/F Chiyoda-ku 100-0006 Tokyo Japan | | | |
| Party (country authorizing participation): Japan | | | |
| 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: Kakita | | Telephone 1: | |
| First name: Hiroyuki | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |