

## 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>	SHP São Sebastião CDM Project.
<b>Project / programme of activities reference number:</b> (if available)	8023
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Enerbio Consultoria Ltda.-ME	
<b>Address:</b> Germano Petersen Junior, 101, 706, Porto Alegre, Rio Grande do Sul, 90540-140 Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<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: de Souza Leao	Telephone 1:
First name: Eduardo Baltar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Sao Sebastiao Empreendimentos S.A.	
<b>Address:</b> Patricio Farias, 131, 201, Florianopolis, Santa Catarina, 88034-132 Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<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: Junior	Telephone 1:
First name: Jaime	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: Quadros	Telephone 1:
First name: Luciano	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):