

## 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>	Pesqueiro Energia Small Hydroelectric Project (PESHP)
<b>Project / programme of activities reference number:</b> (if available)	0242
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Pesqueiro Energia S.A.	
<b>Address:</b> Rua das Flores, 382 Colonia Castrolanda Castro 84.166-980 Parana 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 Oliveira	Telephone 1:
First name: Rosmir Cesar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> The Chugoku Electric Power Co. Inc.	
<b>Address:</b> 4-33, Komachi Naka-ku 730-8701 Hiroshima Japan	
<b>Party (country authorizing participation):</b> Japan	
<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: Hamamoto	Telephone 1:
First name: Shin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Trading Emissions PLC	
<b>Address:</b> Hope Street IOMA House British Isles IM1 1AP Douglas United Kingdom of Great Britain and Northern Ireland	

<b>Party (country authorizing participation):</b> United Kingdom of Great Britain and Northern Ireland	
<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: Scales	Telephone 1:
First name: Philip	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):