

## 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>   | Uberlândia landfills I and II  |
| <b>Project / programme of activities reference number:</b><br>(if available)  | 7110   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>Energas Geracao de Energia Ltda   |  |
| <b>Address:</b><br>Rodovia BR-452, s/n, km 123.8, Anel Viario, Setor A, Distrito Industrial - 38402-343 - Uberlandia (MG)<br>Brazil |  |
| <b>Party (country authorizing participation):</b><br>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: Lima Santos  | Telephone 1:   |
| First name: Eduardo   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Limpebrás Resíduos Ltda.  |  |
| <b>Address:</b><br>Avenida Jose Andraus Gassani, 1298 -38402-322 Uberlandia (MG)<br>Brazil  |  |
| <b>Party (country authorizing participation):</b><br>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: dos Santos   | Telephone 1:   |
| First name: Heitor Eduardo  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Asja Brasil Serviços para o Meio Ambiente Ltda.   |  |
| <b>Address:</b><br>Avenida Professor Mario Werneck. 26. sala 801, Barrio Estoril - 30455-610 - Belo Horizonte (MG)<br>Brazil        |  |
| <b>Party (country authorizing participation):</b><br>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: Roveda   | Telephone 1:   |
| First name: Enrico Maria  | Telephone 2 (optional):  |

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|---------------------|--------------------|
| Email:              | Fax (optional):    |
| Specimen signature: | Date (dd/mm/yyyy): |