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	Lucélia Bagasse Cogeneration Project (LBCP)
Project / programme of activities reference number: *(if available)*	0043

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Central de Álcool Lucélia Ltda		
Address: Estrada Vicinal Paschoal Milton Lentini, km 18 – Bairro Colonia Paulista, Lucélia, SP 17780-000 Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Neto		Telephone 1:
First name: Serafim Antonio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda		
Address: Higienopolis Office Center, Rua Para, 76 cj 41, Sao Paulo,SP 01243-020 Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Diniz Junqueira		Telephone 1:
First name: Marcelo Schunn		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EcoSecurities Ltd.		
Address: 40-41 Park End Street, Oxford OX1 1JD United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Moura Costa		Telephone 1:
First name: Pedro		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities Group Plc	
Address: 40 Dawson Street, Dublin 02 Ireland	
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: Heeley	Telephone 1:
First name: Claire	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):