

## 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>	BK Energia Itacoatiara Project
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	0168
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> BK Energia Itacoatiara Ltda.	
<b>Address:</b> Rodovia Torquato Tapajos, km 227 Caixa Postal 39 Itacoatiara, Amazonas 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: Heusler	Telephone 1:
First name: Andreas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Precious Woods Holding Ltd.	
<b>Address:</b> Militaerstrasse 90 P.O. Box 2274 Branch Office Zurich CH-8021 Zurich Switzerland	
<b>Party (country authorizing participation):</b> Switzerland	
<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: Buholzer	Telephone 1:
First name: Christoph	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Gasper Funding Corporation	
<b>Address:</b> Carleton Court, High Street Bridgetown Barbados	
<b>Party (country authorizing participation):</b> Netherlands	

<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Deane	Telephone 1:
First name: Adrian	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Scott	Telephone 1:
First name: Elizabeth	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Carbon Capital Markets Ltd.	
<b>Address:</b> Level 3, 15 Berkeley Street W1J 8DY London 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: Foot	Telephone 1:
First name: Sebastian	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Williams	Telephone 1:
First name: Joy	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):