

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	AWMS Methane Recovery Project BR07-S-31, Mato Grosso do Sul, Parana, Rio Grande do Sul, and Santa Catarina, Brazil
Project / programme of activities reference number: <i>(if available)</i>	1531
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: AgCert Do Brasil Solucoes Ambientais Ltda.	
Address: Rua James Joule, 92, 14th andar,Cidade Moncoes,Sao Paulo, 04576-080 Brazil	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Perkowski	Telephone 1:
First name: Leo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: AgCert International Ltd.	
Address: Apex Building, Sandyford Business Park,Blackthorn Road, Dublin 18 Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Perkowski	Telephone 1:
First name: Leo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: AgCert international Ltd.	
Address: Apex Building, Sandyford Business Park,Blackthorn Road, Dublin 18 Ireland	
Party (country authorizing participation): Switzerland	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Perkowski	Telephone 1:

First name: Leo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):