

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	Fornasa Geração de Energia and Pegoraro Energia: Grid connected renewable electricity through the SHPs Santa Galo, Estância and Pegoraro
Project / programme of activities reference number: (if available)	9734
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Fornasa Geração de Energia Ltda	
Address: Rodovia Genésio Mazon km 05 s/no., Urussanga 88.840-000 Santa Catarina 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: Junior	Telephone 1:
First name: Juceli Francisco	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Viana	Telephone 1:
First name: Thiago	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Pegoraro Energia Ltda	
Address: Rod. BR 163 – km 786 – Zona Rural/ Caixa Postal: 74, Coxim 79.400-000 Mato Grosso do Sul 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: Pegoraro	Telephone 1:
First name: Dario	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>

Last name: Pegoraro	Telephone 1:
First name: Dharyelen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):