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	RenovAndes H1, Small Hydropower Project
Project / programme of activities reference number: *(if available)*	7704

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Empresa de Generacion Electrica Santa Ana S.R.L.		
Address: Jr. Armaldo Alvara do Degregori 392, Urb. Pampas de Santa Teresa, Surco, Lima 33, Peru		
Party (country authorizing participation): Peru		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Arias		Telephone 1:
First name: Alvaro		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EnBW Kraftwerke AG		
Address: KWG KI, Durlacher Allee 93, 76131 Karlsruhe Germany		
Party (country authorizing participation): Germany		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Graeber		Telephone 1:
First name: Bernhard		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Wenger		Telephone 1:
First name: Angelika		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Renovables des los Andes S.A.C.		

Address: Jr. Armaldo Alvara do Degregori 392, Urb. Pampas de Santa Teresa, Surco, Lima 33, Peru		
Party (country authorizing participation): Peru		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Arias		Telephone 1:
First name: Alvaro		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):