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	Burning of solid biomass for process steam generation for beer manufacture in place of the BPF 3 fuel oil at the Águas Claras do Sul Branch
Project / programme of activities reference number: *(if available)*	1202

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: AMBEV Aguas Claras do Sul Branch		
Address: Rodovia RS 040, Estrada Geral Itapua a Estiva B.Faxixa, Aguas Claras, Viamão RS 94.760-000 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: Duarte		Telephone 1:
First name: Luis Henrique		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: APSIS Consultoria Empresarial s/c Ltda. (APSIS consulting)		
Address: Rua Sao Jose, 90 group 1802, Rio de Janeiro 20.010-020 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: Silveira		Telephone 1:
First name: Luiz Paulo Cesar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Climate Center - Center for Integrated Studies on the Environment and Climate Changes - COPPE UFRJ - COPPETEC Foundation		
Address: Centro de Tecnologia – COPPE/UFRJ – Ilha do Fundao, Bloco I - Sala 208, Rio de Janeiro 21.945-970 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: La Rovere	Telephone 1:
First name: Emílio Lèbre	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):