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	SHPP Serra Cavalinhos I – Project Activity
Project / programme of activities reference number: *(if available)*	7612

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Serra dos Cavalinhos I Energetica S/A		
Address: Rua Padre Anchieta, 1856 - 5 Floor, 80730-000 Curitiba-PR 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: Meirelles		Telephone 1:
First name: Andre		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Carneiro		Telephone 1:
First name: Rafael		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Brookfield Energia Renovavel S/A		
Address: Rua Padre Anchieta, 1856 - 5 Floor, 80730-000 Curitiba-PR 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: Meirelles		Telephone 1:
First name: Andre		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Carneiro		Telephone 1:
First name: Rafael		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Ecopart Assessoria em Negocios Empresariais Ltda.
Address: Rua Padre Joao Manoel 222, 01411-000 Sao Paulo 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: Hirschheimer	Telephone 1:
First name: Melissa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Mazaferro	Telephone 1:
First name: Marco	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):