

## 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	
<b>Title of the project / programme of activities</b>	Ceran's Monte Claro Run of River Hydropower Plant CDM Project Activity
<b>Project / programme of activities reference number:</b> (if available)	0773
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> CERAN -Companhia Energetica Rio das Antas	
<b>Address:</b> Avenida Carlos Gomes, 300-8th andar, Porto Alegre,Rio Grande do Sul 90480-000 Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Fischer	Telephone 1:
First name: Vendolino	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Ecoinvest Carbon Brasil Ltda.	
<b>Address:</b> Padre Joao Manoel 222 – cj. 36,Sao Paulo, SP 01411-000 Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Martins Jr.	Telephone 1:
First name: Carlos de Mathias	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Ecoinvest Carbon S.A	
<b>Address:</b> 13, Rte de Florissant. P.O. Box 518, CH 1211, Geneva 12 Switzerland	
<b>Party (country authorizing participation):</b> Switzerland	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Evans	Telephone 1:
First name: Alfred	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> The Tokyo Electric Power Co., Inc.	
<b>Address:</b> 1-1-3, Uchisaiwai-cho, Chiyoda-ku, Tokyo 100-8560 Japan	
<b>Party (country authorizing participation):</b> Japan	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kageyama	Telephone 1:
First name: Yoshihiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):