

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	Electricity generation from renewable sources – Windfarm Campo dos Ventos II
Project / programme of activities reference number: <i>(if available)</i>	7802
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: WayCarbon Solucoes Ambientais e Projetos de Carbono Ltda.	
Address: R. Prof. Jose Vieira de Mendonca, 770, Sala 210, Belo Horizonte/MG, 31310-260 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: Delpupo	Telephone 1:
First name: Carlos	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: de Almeida Pereira	Telephone 1:
First name: Henrique	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Campo dos Ventos II Energias Renovaveis S.A.	
Address: Av. Dr. Cardoso de Melo, 1184, 8 andar, 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: Borin Junior	Telephone 1:
First name: Tarcisio	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: Furlan de Gouveia	Telephone 1:
First name: Fernanda	Telephone 2 (optional):

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