# 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** | Aeolis Beberibe Wind Park |
| **Project / programme of activities reference number:** *(if available)* | 7878 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Beberibe Aeolis Geracao de Energia Ltda. | | |
| **Address:** Avenida Barao de Studart, nº 207, 1º Andar, 60.120-000 Fortaleza 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: Hissa | | Telephone 1: |
| First name: Jose | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Electrade S.p.A. | | |
| **Address:** Via Campo Marzio 42, 36061 Bassano del Grappa (VI) Italy | | |
| **Party (country authorizing participation):** Italy | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Tumolo | | Telephone 1: |
| First name: Marco | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** BRZ Consultoria Empresarial Ltda. | | |
| **Address:** Rua Batataes 324 / 42, 01423-010 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. ☐ |

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|---|---|
| Last name: Cardoso | Telephone 1: |
| First name: Marco | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |