

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	PER 1 and PER 2 Wind Power Plants (Umbrella Project)
Project / programme of activities reference number: (if available)	8583
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Genneia S.A.	
Address: 12 de Octubre y Las Gricinas, Pilar, Bs As Argentina	
Party (country authorizing participation): Argentina	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Nicoli	Telephone 1:
First name: Maria Alejandra	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: Arcieri	Telephone 1:
First name: Maria Florencia	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mercuria Energy Trading S.A.	
Address: 50, rue de Rhone, 1204 Geneva Switzerland	
Party (country authorizing participation): Switzerland	
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: Fernandez de Mello e Souza	Telephone 1:
First name: Pablo	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: Zanzottera	Telephone 1:
First name: Nuria Mariana	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):