

## 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>	"Las Vacas" Hydroelectric project
<b>Project / programme of activities reference number:</b> (if available)	0073
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Hidroelectrica Rio Las Vacas, S.A.	
<b>Address:</b> Diagonal 6, 10-01 Zona 10 Centro Gerencial Las Margaritas, Torre I, Nivel 12, Oficina 12-01 01010 Guatemala City Guatemala	
<b>Party (country authorizing participation):</b> Guatemala	
<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: Martinez Siekavizza	Telephone 1:
First name: Hugo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Comercializadora Electrica de Guatemala S.A. (COMEGSA)	
<b>Address:</b> Sexta Avenida 8-14 zona 1 01001 Guatemala City Guatemala	
<b>Party (country authorizing participation):</b> Guatemala	
<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: Juarez Vidaurre	Telephone 1:
First name: German	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> IBERDROLA S.A.	
<b>Address:</b> c/ Tomas Redondo, 1 28033 Madrid Spain	
<b>Party (country authorizing participation):</b> Spain	
<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: Sureda Juarez	Telephone 1:
First name: Jaime	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):