

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 | |
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| Title of the project / programme of activities | Santa Lúcia II Small Hydro Plant |
| Project / programme of activities reference number: (if available) | 0663 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Maggi Energia S.A. | |
| Address: Av Presidente Medice 4269 Mato Grosso 78705-000 Rondonopolis 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: Rubert | Telephone 1: |
| First name: Roberto | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: C-Trade Comercializadora de Carbono Ltda. | |
| Address: Praia do Botafogo 501 - Andar 2 Torre Corcovado 22250-040 Rio de Janeiro 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: Ferri Furini | Telephone 1: |
| First name: Gustavo Luis | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Lumina Engenharia e Consultoria Ltda. | |
| Address: Rua Bela Cintra 746 01415-000 Sao Paolo 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 |

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| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Weigert Ennes | | Telephone 1: |
| First name: Sergio Augusto | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| Name of entity: Fortis Intertrust (Netherlands) B.V. | | |
| Address: Prins Bernhardplein 200 1097JB Amsterdam Netherlands | | |
| 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: Van der Nap | | Telephone 1: |
| First name: Otger | | 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: Veerman | | Telephone 1: |
| First name: Jaap | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| Name of entity: Corporacion Andina de Fomento - CAF | | |
| Address: Avenida Luis Roche, Altamira, Torre CAF Caracas Venezuela | | |
| 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Szauer | | Telephone 1: |
| First name: Maria Teresa | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |