

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 | Brazilian PoA for NAMA incentivized NCRE Projects |
| Project / programme of activities reference number: <i>(if available)</i> | 10286 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Tractebel Energia S.A. | |
| Address: Rua Paschoal Apóstolo Pitsica 5064, Agronomica SC 88025-255 Florianópolis 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: FERRARI | Telephone 1: |
| First name: Guilherme | 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: Zimmermann | Telephone 1: |
| First name: Márcio | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: ENGIE Brasil | |
| Address: Av Almirante Barroso, 52 14° floor RJ 20031-000 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: Hauser | Telephone 1: |
| First name: Philipp | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |

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| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Costa | Telephone 1: |
| First name: David | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |