

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

<b>Contact details (alternate authorized signatory):</b>	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):