

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	ESTRE Itapevi Landfill Gas Project (EILGP)
Project / programme of activities reference number: <i>(if available)</i>	0911
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: ESTRE – Empresa de Saneamento e Tratamento de Residuos Ltda	
Address: Torre IV, 4th Andar, Sala 11, Av. Juscelino Kubitschek no. 1830, Sao Paulo 04543-900 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: Schlosser	Telephone 1:
First name: Alex	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda.	
Address: Edificio Reynaldo Raucci, Avenida Angelica 2530, conjunto 111, 01228-200 Sao Paulo 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Cerchia	Telephone 1:
First name: Francesca Maria	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda.	
Address: Edificio Reynaldo Raucci, Avenida Angelica 2530, conjunto 111, 01228-200 Sao Paulo Brazil	
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: Cerchia	Telephone 1:
First name: Francesca Maria	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: NATIXIS	
Address: 30 Avenue Pierre Mendes, Paris 75013 France	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Biet	Telephone 1:
First name: Jerome	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):