

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): |

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|---|--|
| 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): |