

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	Caixa Econômica Federal Solid Waste Management and Carbon Finance Project
Project / programme of activities reference number: (if available)	6573
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Caixa Econômica Federal	
Address: Setor Bancario Sul Quadra 4 lotes 3/4, - Edifício Matriz 1, 12 andar, Brasília - DF, CEP 70,092-900 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: Ferreira Trindade	Telephone 1:
First name: Adailton	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: De Souza Seabra	Telephone 1:
First name: Denise Maria Lara	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development acting as the Trustee of the Carbon Partnership Facility	
Address: The World Bank, 1818 H Street, NW, Washington DC 20433 United States of America	
Party (country authorizing participation): Spain	
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: Chassard	Telephone 1:
First name: Joelle	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: Wang	Telephone 1:
First name: Tao	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Kingdom of Spain - Ministry of Agriculture, Food and Environment		
Address: Paseo de la Cas ella 162, Madrid 28071 Spain		
Party (country authorizing participation): Spain		
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: Magro Andrade	Telephone 1:	
First name: Susana	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: Soler Vera	Telephone 1:	
First name: Alberto	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):