

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	Complexo Carreiro II CDM Project.
Project / programme of activities reference number: <i>(if available)</i>	6041
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Enerbio Consultoria Ltda. - ME	
Address: Antonio Carlos Berta Street, 475/1904, Porto Alegre, Rio Grande do Sul, 91340-020 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: de Souza Leao	Telephone 1:
First name: Eduardo Baltar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Boa Fe Energetica S.A.	
Address: Plinio Brasil Milano Avenue, 607, Porto Alegre, Rio Grande do Sul, 90520-002 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: Bratkowski	Telephone 1:
First name: Giancarlo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Sao Paulo Energetica S.A.	
Address: Plinio Brasil Milano Avenue, 607, Porto Alegre, Rio Grande do Sul, 90520-002 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: Bratkowski		Telephone 1:
First name: Giancarlo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Autodromo Energetica S.A.		
Address: Plinio Brasil Milano Avenue, 607, Porto Alegre, Rio Grande do Sul, 90520-002 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: Bratkowski		Telephone 1:
First name: Giancarlo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):