

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	Celtins and Cemat grid connection of isolated systems
Project / programme of activities reference number: (if available)	1067
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Companhia de Energia Eletrica do Estado do Tocantins- CELTINS	
Address: Avenida Paulista, 2439 - 4th andar, Sao Paulo, SP 01311-936 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: Sorge	Telephone 1:
First name: Jose Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Centrais Eletricas Mato-Grossenses S. A - CEMAT	
Address: Avenida Paulista, 2439 - 4th andar, Sao Paulo, SP 01311-936 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: Sorge	Telephone 1:
First name: Jose Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ecoinvest Carbon S.A.	
Address: Rua Padre Joao Manoel, 222, Sao Paulo, SP 01411-000 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: J. Esparta	Telephone 1:
First name: A. Ricardo	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):