

CDM-MOC-FORM Form: ANNEX 1

Date of submission		17/07/2012
Section 1: Project Details		
1. Title of the CDM project activity	Energia Verde Carbonization Project - Mitigation of Methane Emissions in the Charcoal Production of Grupo Queiroz Galvão, Maranhão, Brazil	
2. Please state project ID Number if available	4262	
Section 2: List of project participants		
Name of the entity: Queiroz Galvão Participações - Indústria e Agropecuária S/A		
Party (country that authorised participation): Brazil		
Contact details (primary authorised signatory):	Mr.	
Last name: Gomes	Telephone:	
First name: Paulo	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorised signatory):		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Name of the entity: COSIMA – Siderúrgica do Maranhão Ltda		
Party (country that authorised participation): Brazil		
Contact details (primary authorised signatory):	Mr.	
Last name: Gomes	Telephone:	
First name: Paulo	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorised signatory):		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		

Name of the entity: SIMASA – Siderúrgica do Maranhão S/A	
Party (country that authorised participation): Brazil	
Contact details (primary authorised signatory):	Mr.
Last name: Gomes	Telephone:
First name: Paulo	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Name of the entity: PINDARÉ - Companhia Siderúrgica Vale do Pindaré	
Party (country that authorised participation): Brazil	
Contact details (primary authorised signatory):	Mr.
Last name: Gomes	Telephone:
First name: Paulo	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	

Name of the entity: Energia Verde Produção Rural Ltda	
Party (country that authorised participation): Brazil	
Contact details (primary authorised signatory):	Mr.
Last name: Gomes	Telephone:
First name: Paulo	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	