

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	Coinbra-Cresciumal Bagasse Cogeneration Project (CCBCP)
Project / programme of activities reference number: (if available)	0215
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Coinbra-Cresciumal S.A.	
Address: Av. Brig. Faria Lima, no 1355 13th Floor 01452-919 Sao Paulo, SP 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: Melcher	Telephone 1:
First name: Bruno	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda.	
Address: Rua Para, 76 cj 41 Consolacao 01243-020 Sao Paulo, SP 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: Diniz Junqueira	Telephone 1:
First name: Marcelo Schunn	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda.	
Address: Av. Angelica, 2530, cj 111 01228-200 Sao Pulo, SP 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):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):