

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	La Vuelta and La Herradura Hydroelectric Project
Project / programme of activities reference number: (if available)	0735
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Empresas Publicas de Medellin E.S.P.	
Address: Carrera 58 No 42-125 / P.O. Box 240 Antioquia Medellin Colombia	
Party (country authorizing participation): Colombia	
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: Osorno Giraldo	Telephone 1:
First name: Carlos Alberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Electric Power Development Co., Ltd.	
Address: 6-15-1 Ginza Chuoku 104-8165 Tokyo Japan	
Party (country authorizing participation): Japan	
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: Nakayama	Telephone 1:
First name: Sumie	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: MGM Carbon Portfolio, S.a.r.l.	
Address: 121, Avenue del la Faiencerie L-15511 Luxembourg Luxembourg	
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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>

Last name: Urteaga	Telephone 1:
First name: Jose Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):