

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	Embralixo/Araúna - Bragança Landfill Gas Project
Project / programme of activities reference number: (if available)	1179
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Arauna Participacoes e Investimentos Ltda	
Address: Edificio Armando Petrella, Al. Jau, 1742 - Cj. 11, Sao Paulo 01420-002 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: Maruca	Telephone 1:
First name: Roberto Mauricio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Embralixo - Empresa Bragantina de Varricao e Coleta de Lixo Ltda	
Address: Rua Tupi, no 140, Bairro do Taboao, Braganca Paulista, Sao Paulo, 12900-000 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: Rodrigues	Telephone 1:
First name: Manuel José	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities Group Plc	
Address: 40, Dawson Street, Dublin 02 Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Wobbe	Telephone 1:
First name: Robin	Telephone 2 (optional):

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