

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 | |
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| Title of the project / programme of activities | Proactiva Tijuquinhas Landfill Gas Capture and Flaring project |
| Project / programme of activities reference number: <i>(if available)</i> | 1506 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Proactiva Meio Ambiente - Brasil | |
| Address: Av. Chedid Jafet, 222, Bl. C – Cj.12 VI. Olimpia, Sao Paulo,04551-065 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: Hahn | Telephone 1: |
| First name: Regis | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Proactiva Medio Ambiente S.A. | |
| Address: C/ Cardenal Marcelo Spinola, 8 - Planta 3, Madrid 28016 Spain | |
| Party (country authorizing participation): Spain | |
| 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: Sabate | Telephone 1: |
| First name: Isidre | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Veolia Propreté | |
| Address: 169 Avenue Georges Clemenceau, Nanterre 92735 France | |
| Party (country authorizing participation): France | |
| 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: Crawford | Telephone 1: |
| First name: Gary | Telephone 2 (optional): |

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