

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	Proactiva Tijuquinhas Landfill Gas Capture and Flaring project
Project / programme of activities reference number: (if available)	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):

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