

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	Cerradinho Bagasse Cogeneration Project (CBCP)
Project / programme of activities reference number: (if available)	0203
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Usina Cerradinho Açúcar e Alcool S/A	
Address: Rodovia Vicinal Jose Fernandes Km 1881, C.P. 33334 15800-000 Cantaduva, 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: Rios	Telephone 1:
First name: Jose Fernandes	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda.	
Address: Av. Angelica, 2530 cj 111 Consolacao 01228-200 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Cerchia	Telephone 1:
First name: Francesca	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: ABN AMRO Bank N.V. London Branch	
Address: 250 Bishopsgate EC2M 4AA London United Kingdom of Great Britain and Northern 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: Tait	Telephone 1:
First name: Gavin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):