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	Electricity generation from renewable sources (wind) – Windfarm Complex Morro dos Ventos
Project / programme of activities reference number: *(if available)*	7725

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: DESA - Dobrevê Energia S/A		
Address: Al. Dr. Carlos de Carvalho, 603 - 5th floor CEP 80430-180 Curitiba Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Barros		Telephone 1:
First name: Antonio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Brandao		Telephone 1:
First name: Carlos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: DESA Morro dos Ventos I S/A		
Address: Al. Dr. Carlos de Carvalho, 603 - 5th floor CEP 80430-180 Curitiba Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Barros		Telephone 1:
First name: Antonio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Brandao		Telephone 1:

First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
DESA Morro dos Ventos III S/A

Address:
Al. Dr. Carlos de Carvalho, 603 - 5th floor
CEP 80430-180 Curitiba
Brazil

Party (country authorizing participation):
Brazil

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Barros	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Brandao	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
DESA Morro dos Ventos IV S/A

Address:
Al. Dr. Carlos de Carvalho, 603 - 5th floor
CEP 80430-180 Curitiba
Brazil

Party (country authorizing participation):
Brazil

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Barros	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Brandao	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: DESA Morro dos Ventos VI S/A	
Address: Al. Dr. Carlos de Carvalho, 603 - 5th floor CEP 80430-180 Curitiba Brazil	
Party (country authorizing participation): Brazil	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Barros	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Brandao	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: DESA Morro dos Ventos IX S/A	
Address: Al. Dr. Carlos de Carvalho, 603 - 5th floor CEP 80430-180 Curitiba Brazil	
Party (country authorizing participation): Brazil	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Barros	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Brandao	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Electrabel NV/SA	

Address:
Boulevard du Regent 8
1000 Brussels
Belgium

Party (country authorizing participation):
Netherlands

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Nore	Telephone 1:
First name: Nicolas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Verbeke	Telephone 1:
First name: Vincent	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
WayCarbon Soluções Ambientais e Projetos de Carbono Ltda.

Address:
Av. Paulista, 37 - 10th floor
CEP 01311-902 Sao Paulo
Brazil

Party (country authorizing participation):
Brazil

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Brito	Telephone 1:
First name: Matheus	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Pereira	Telephone 1:
First name: Henrique	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):