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	Sento Sé Wind Power Project
Project / programme of activities reference number: *(if available)*	10091

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Zeroemissions do Brasil Ltda.		
Address: Avd Emb. Abelardo Bueno, 199 - Rio Office Park 4o andar, Barra da Tijuca 22775 Rio de Janeiro 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: Fernandez Ibanez		Telephone 1:
First name: Maria Elena		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Pedra Branca S/A		
Address: Avenida Engenheiro Domingos Ferreira, 2160, Sala 207/208/209, Boa Viagem, Recife 51.111-031 Pernambuco (PE) 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: Rogerio Freire de Carvalho		Telephone 1:
First name: Carlos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Jose Alves Arruda		Telephone 1:
First name: Antemio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):

Name of entity: Sao Pedro do Lago S/A	
Address: Avenida Engenheiro Domingos Ferreira, 2160, Sala 207/208/209, Boa Viagem, Recife 51.111-031 Pernambuco (PE) 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: Rogerio Freire de Carvalho	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Jose Alves Arruda	Telephone 1:
First name: Antemio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Sete Gameleiras S/A	
Address: Avenida Engenheiro Domingos Ferreira, 2160, Sala 207/208/209, Boa Viagem, Recife 51.111-031 Pernambuco (PE) 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: Rogerio Freire de Carvalho	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Jose Alves Arruda	Telephone 1:
First name: Antemio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):