

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	Grid connected electricity generation from renewable source: Windfarm Complex Santa Vitória do Palmar and Chui
Project / programme of activities reference number: (if available)	8012
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Santa Vitoria do Palmar Holding S.A.	
Address: Deputado Antonio Edu Vieira Street, 999. Pantana, Florianopolis, SC. 88040-901 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: Vieira	Telephone 1:
First name: Jose Renato	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Goncalves	Telephone 1:
First name: Fabio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Chui Holding S.A.	
Address: Deputado Antonio Edu Vieira Street, 999. Pantana, Florianopolis, SC. 88040-901 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: Vieira	Telephone 1:
First name: Jose Renato	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>

Last name: Goncalves		Telephone 1:
First name: Fabio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: WayCarbon Solucoes Ambientais e Projetos de Carbono Ltda.		
Address: Av. Paulista, 37- 10 Floor, 01311-902 Sao Paulo 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: Brito		Telephone 1:
First name: Matheus		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Pereira		Telephone 1:
First name: Henrique		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):