

## 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	
<b>Title of the project / programme of activities</b>	São João Landfill Gas to Energy Project (SJ)
<b>Project / programme of activities reference number:</b> (if available)	0373
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Biogas Energia Ambiental S/A	
<b>Address:</b> Rua Guararapes no. 1909 - 4 andar Brooklin 04561-004 Sao Paolo Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Delbin	Telephone 1:
First name: Antonio Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Municipality of Sao Paulo	
<b>Address:</b> Rua do Paraiso, no. 387 - 3 andar Paraiso 04103-000 Sao Paulo Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Martins Alves Sobrinho	Telephone 1:
First name: Eduardo Jorge	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> KfW	
<b>Address:</b> Palmengartenstrasse 5-9 60325 Frankfurt am Main Germany	
<b>Party (country authorizing participation):</b> Germany	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy

<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Theilacker		Telephone 1:
First name: Peter		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Mercuria Energy Trading SA		
<b>Address:</b> Rue du Rhone 50, 6th floor 1204 Geneva Switzerland		
<b>Party (country authorizing participation):</b> Switzerland		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Steels		Telephone 1:
First name: Jean-Francois		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):