

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	ARAPUtanga Centrais ELétricas S. A. - ARAPUCEL - Small Hydroelectric Power Plants Project
Project / programme of activities reference number: (if available)	0530
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Araputanga Centrais Eletricas S.A.	
Address: Alameda Antonio Brennand, s/n 50741-904 Recife - Pernambuco 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: Monteiro Brennand	Telephone 1:
First name: Jaime	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Arapucel Indiavai S.A.	
Address: Alameda Antonio Brennand, s/n 50741-904 Recife - Pernambuco 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: Monteiro Brennand	Telephone 1:
First name: Jaime	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Arapucel Ombreiras S.A.	
Address: Alameda Antonio Brennand, s/n 50741-904 Recife - Pernambuco 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: Monteiro Brennand		Telephone 1:	
First name: Jaime		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: The Chugoku Electric Power Co., Inc.			
Address: 4-33, Komachi Naka-ku 730-8701 Hiroshima Japan			
Party (country authorizing participation): Japan			
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: Hamamoto		Telephone 1:	
First name: Shin		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Sumitomo Mitsui Banking Corporation			
Address: 1-3, Yurakucho 1-chome Tokyo Takarazuka Building 17/F Chiyoda-ku 100-0006 Tokyo Japan			
Party (country authorizing participation): Japan			
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: Kakita		Telephone 1:	
First name: Hiroyuki		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	