

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	Cabo Leones Wind Farm
Project / programme of activities reference number: (if available)	9741
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Aprovechamientos Energéticos S.A.	
Address: Av. El Bosque Norte 0123, Oficina 502, Las Condes, Santiago Chile	
Party (country authorizing participation): Chile	
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: Arevalo	Telephone 1:
First name: Cristian	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: Lopez-Tola	Telephone 1:
First name: Victor Manuel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ibereólica Cabo Leones I S.A.	
Address: Av. El Bosque Norte 0123, Oficina 502, Las Condes, Santiago Chile	
Party (country authorizing participation): Chile	
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: Arevalo	Telephone 1:
First name: Cristian	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: Lopez-Tola	Telephone 1:
First name: Victor Manuel	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):