CDM-MOC-FORM Form: ANNEX 1

Date of submission	03/04/2012
Section 1: Project Details	
1. Title of the CDM project activity	Rwanda Electrogaz Compact Fluorescent Lamp (CFL) distribution project
2. Please state project ID Number if available	3404
Section 2: List of project participants	
Name of the entity: RECO-RWASCO	
Party (country that authorised participation): Rwanda	
Contact details (primary authorised signatory):	Mr.
Last name: Muyange	Telephone:
First name: Yves	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Name of the entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Community Development Carbon Fund (CDCF)	
Party (country that authorised participation): Luxembourg	
Contact details (primary authorised signatory):	Ms.
Last name: Chassard	Telephone:
First name: Joelle	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr.
Last name: Prasad	Telephone:
First name: Neeraj	Fax:
Email:	Address:
Specimen signature:	

Name of the entity: Government of Netherlands - Ministry of Housing, Spatial Planning and the Environment (VROM)	
Party (country that authorised participation): Netherlands	
Contact details (primary authorised signatory):	Ms.
Last name: Gerards	Telephone:
First name: Marisa	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr.
Last name: Van Den Bergen	Telephone:
First name: Vincent	Fax:
Email:	Address:
Specimen signature:	
Name of the entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Community Development Carbon Fund (CDCF)	
Party (country that authorised participation): Netherlands	
Contact details (primary authorised signatory):	Ms.
Last name: Chassard	Telephone:
First name: Joelle	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr.
Last name: Prasad	Telephone:
First name: Neeraj	Fax:
Email:	Address:
Specimen signature:	