

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	Shri Bajrang WHR CDM Project
Project / programme of activities reference number: (if available)	0528
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: M/s Shri Bajrang Power and Ispat Ltd	
Address: 522/C,Urla Industrial Area,Raipur, Chhattisgarh 493221 India	
Party (country authorizing participation): India	
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: Goel	Telephone 1:
First name: Narendra	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Agrinergy Ltd	
Address: Cornerways House, Ringwood, Hampshire BH24 1LG United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Taylor	Telephone 1:
First name: Robert	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Noble Carbon Credits Limited	
Address: 1st Floor Gilford Hall, 13 Gilford Road, Dublin 4 Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Woods	Telephone 1:
First name: Alan	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Agrinergy Ltd		
Address: Cornerways House, Ringwood, Hampshire BH24 1LG United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): Switzerland		
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: Taylor	Telephone 1:	
First name: Robert	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Bunge Emissions Holdings SARL		
Address: c/o Bunge SA, 13 Route de Florissant, P.O. Box 518, Geneva 12 1211 Switzerland		
Party (country authorizing participation): Switzerland		
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: Evans	Telephone 1:	
First name: Alfred	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):