

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	Waste heat recovery and utilization for power generation at DG Cement Khairpur Plant
Project / programme of activities reference number: (if available)	7845
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: D.G. Khan Cement Company Limited	
Address: 53 – A, Lawrence Road, Nishat House, Lahore, Pakistan	
Party (country authorizing participation): Pakistan	
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: Mansha	Telephone 1:
First name: Raza	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: Niazi	Telephone 1:
First name: Inayat Ullah	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: First Climate (Switzerland) AG	
Address: Stauffacherstr.45, 8004 Zuerich 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: Brodmann	Telephone 1:
First name: Urs	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: Luechinger	Telephone 1:
First name: Alexander	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Carbon Services (Private) Limited		
Address: 2nd Floor, Al Maalik, 19 Davis Road, Lahore, Pakistan		
Party (country authorizing participation): Pakistan		
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: Malik	Telephone 1:	
First name: Omar	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: Malik	Telephone 1:	
First name: Usman	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):