

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	Improving Kiln Efficiency in the Brick Making Industry in Bangladesh
Project / programme of activities reference number: <i>(if available)</i>	5125
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Industrial and Infrastructure Development Finance Company Ltd (IIDFC)	
Address: Chambers Building, 122-124, 1000 Motijheel C/A, Dhaka Bangladesh	
Party (country authorizing participation): Bangladesh	
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: Islam	Telephone 1:
First name: Md. Matiul	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: Barman	Telephone 1:
First name: Shaymal	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Danish Carbon Fund (DCF)	
Address: 1818 H Street, 20433 NW Washington DC United States of America	
Party (country authorizing participation): Denmark	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chassard	Telephone 1:
First name: Joelle	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: Wang	Telephone 1:

First name: Tao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Danish Ministry of Climate and Energy/Danish Energy Agency	
Address: Amaliegade 44, 1256 Copenhagen Denmark	
Party (country authorizing participation): Denmark	
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: Van Maarschalkerweerd	Telephone 1:
First name: Christian	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):