

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	Regenerative Burners for Melting Furnaces
Project / programme of activities reference number: (if available)	7270
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Dubai Aluminium	
Address: EHS Department,P.O. BOX 3627, Jebel Ali, Duabi United Arab Emirates	
Party (country authorizing participation): United Arab Emirates	
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: Otte	Telephone 1:
First name: Ronald	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: Al-Marzouqi	Telephone 1:
First name: Mohamed	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Dubai Carbon Centre of Excellence	
Address: P.O. BOX 333992, Duabi United Arab Emirates	
Party (country authorizing participation): United Arab Emirates	
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: Iannelli	Telephone 1:
First name: Ivano	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: Salman	Telephone 1:
First name: Waleed	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):