

## 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  |  |
|---|--|
| <b>Title of the project / programme of activities</b>   | Kuyasa low-cost urban housing energy upgrade project, Khayelitsha (Cape Town; South Africa)                        |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                           | 0079   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>City of Cape Town   |  |
| <b>Address:</b><br>12 Hetzog Boulevard, Cape Town, Western Cape 8001<br>South Africa                          |  |
| <b>Party (country authorizing participation):</b><br>South Africa   |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Hugo   | Telephone 1:   |
| First name: Jacob   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Asmal  | Telephone 1:   |
| First name: Osman   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>SouthSouthNorth Projects (Africa) NPC   |  |
| <b>Address:</b><br>No. 2 Roodehek Street, First Floor Roodehek House, Gardens, Cape Town 8001<br>South Africa |  |
| <b>Party (country authorizing participation):</b><br>South Africa   |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Wesselink  | Telephone 1:   |
| First name: Carl  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Moosa  | Telephone 1:   |
| First name: Shehnaaz  | Telephone 2 (optional):  |

|                     |                    |
|---------------------|--------------------|
| Email:              | Fax (optional):    |
| Specimen signature: | Date (dd/mm/yyyy): |