

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	Kuyasa low-cost urban housing energy upgrade project, Khayelitsha (Cape Town; South Africa)
Project / programme of activities reference number: <i>(if available)</i>	0079
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: City of Cape Town	
Address: 12 Hetzog Boulevard, Cape Town, Western Cape 8001 South Africa	
Party (country authorizing participation): South Africa	
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: Hugo	Telephone 1:
First name: Jacob	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: Asmal	Telephone 1:
First name: Osman	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: SouthSouthNorth Projects (Africa) NPC	
Address: No. 2 Roodehek Street, First Floor Roodehek House, Gardens, Cape Town 8001 South Africa	
Party (country authorizing participation): South Africa	
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: Wesselink	Telephone 1:
First name: Carl	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
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):