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		African Clean Energy Switch – Biogas (ACES-Biogas)
Project / programme of activities reference number: <i>(if available)</i>		8239
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: African Clean Energy Switch - Bio	gas (ACES-Biogas) Limi	ted
Address: P.O.Box 70480, Kampala Uganda		
Party (country authorizing partic Uganda	cipation):	
End-date of participation:	▶ N/A (participation	is not limited in time) dd/mm/yyyy
Contact details (primary authoriz	zed signatory):	Mr. 🛛 Ms.
Last name: Farmer		Telephone 1:
First name: William		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Uganda Party (country authorizing partic Ethiopia		
End-date of participation:		is not limited in time) dd/mm/yyyy
Contact details (primary authoriz	zed signatory):	Mr. 🖾 Ms.
Last name: Farmer		Telephone 1:
First name: William		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature: Date (dd/mm/yyyy):		
Name of entity: African Clean Energy Switch - Bio	gas (ACES-Biogas) Limi	ted
Address: P.O.Box 70480, Kampala Uganda		
Party (country authorizing partic Kenya	cipation):	
End-date of participation: N/A (participation		
End-date of participation.	N/A (participation	is not limited in time) \Box dd/mm/yyyy
Contact details (primary authoriz		is not limited in time) □ dd/mm/yyyy Mr. ☑ Ms.□
		· _ ····

Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity:		
African Clean Energy Switch - I	Biogas (ACES-Biogas) I	Limited
Address:		
P.O.Box 70480, Kampala		
Uganda		
	· · · ·	
Party (country authorizing par	rticipation):	
Rwanda		
End-date of participation:	\square N/A (participation is not limited in time) \square dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. 🛛 Ms.
Last name: Farmer		Telephone 1:
First name: William		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):