

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	Metro Line 12, Mexico City
Project / programme of activities reference number: (if available)	5735
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Sistema de Transporte Colectivo	
Address: Delicias 67. Col. Centro, 06070 Mexico DF, Mexico	
Party (country authorizing participation): Mexico	
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: Bojorquez Hernandez	Telephone 1:
First name: Francisco	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Bienes Inmuebles y Tecnologia S.A de C.V	
Address: Blvd Adolfo Lopez Mateos 379 Piso 2 Col San Angel Inn, Corporativo Altavista, 01760 Mexico DF, Mexico	
Party (country authorizing participation): Mexico	
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: Gutierrez Huerta	Telephone 1:
First name: David Alberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Grütter Consulting AG	
Address: Thiersteinerstr. 22/5, 4153 Reinach Switzerland	
Party (country authorizing participation): Switzerland	
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: Gruetter	Telephone 1:
First name: Juerg	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):