

## 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>                                | Fuel switchover from higher carbon intensive fuels to Natural Gas (NG) at Indian Farmers Fertiliser Cooperative Ltd (IFFCO) in Phulpur Village, Allahabad, Uttar Pradesh by M/s Indian Farmers Fertiliser Cooperative Ltd (IFFCO) |
| <b>Project / programme of activities reference number:</b><br>(if available)         | 1289  |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                    |   |
| <b>Name of entity:</b><br>M/s Indian Farmers Fertiliser Cooperative Ltd. (IFFCO)     |   |
| <b>Address:</b><br>C-1, Distt. Centre, IFFCO Sadan, Saket, New Delhi 110017<br>India |   |
| <b>Party (country authorizing participation):</b><br>India                           |   |
| <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: Singh   | Telephone 1:  |
| First name: Birinder   | Telephone 2 (optional):   |
| Email:   | Fax (optional):   |
| Specimen signature:  | Date (dd/mm/yyyy):  |
| <b>Name of entity:</b><br>Fondo de Carbono de la Empresa Española (FC2E)             |   |
| <b>Address:</b><br>C/Capitan Haya, 1, Planta 15, Madrid 28020<br>Spain               |   |
| <b>Party (country authorizing participation):</b><br>Spain                           |   |
| <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: Winkels   | Telephone 1:  |
| First name: Michael  | Telephone 2 (optional):   |
| Email:   | Fax (optional):   |
| Specimen signature:  | Date (dd/mm/yyyy):  |