

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	The Lebanese CFL Replacement CDM Project – Mount Lebanon
Project / programme of activities reference number: (if available)	7386
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: The Republic of Lebanon Duly Represented by The Ministry of Energy and Water – Tripoli and Zahrani Oil Installations	
Address: Furn Al-Shibak, Gharios Center, 11th Floor, 2801 2505 Beirut Lebanon	
Party (country authorizing participation): Lebanon	
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: Hlaiss	Telephone 1:
First name: Sarkis	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EDF Trading Limited	
Address: 80 Victoria Street, Cardinal Place, 3rd Floor, SW1E 5JL London United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): France	
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: Joubert	Telephone 1:
First name: Francois	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Lebanese Center for Energy Conservation	
Address: Corniche du Fleuve, Ministry of Energy and Water, Room 303, 2079 6707 Beirut Lebanon	
Party (country authorizing participation): Lebanon	
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: El Khoury	Telephone 1:
First name: Pierre	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):