

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	Beas Mini Hydroelectric Project
Project / programme of activities reference number: <i>(if available)</i>	6239
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: RWE Power Aktiengesellschaft	
Address: Huysseallee 2 45128 Essen Germany	
Party (country authorizing participation): Germany	
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: Kons	Telephone 1:
First name: Ludwig	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: Aguilera Lagos	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s A. Power Himalayas Limited	
Address: Regency Complex, River View Road, Paonta Sahib, Himachai Pradesh 173025 India	
Party (country authorizing participation): India	
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: Sharma	Telephone 1:
First name: Abhay	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Agrinergy Pte Ltd	

Address:

10 Hoe Chiang Road,
No. 08-04 Keppel Towers
089315 Singapore
Singapore

Party (country authorizing participation):

United Kingdom of Great Britain and Northern Ireland

End-date of participation:

N/A (participation is not limited in time) dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Atkinson

Telephone 1:

First name: Ben

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):