

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	Gove Hydroelectric Power Plant CDM Project - Angola
Project / programme of activities reference number: (if available)	10007
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Angola Carbon S.A.	
Address: Rua Marechal Bros Tito, N°35, 14° andar, Luanda Angola	
Party (country authorizing participation): Angola	
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: Machado	Telephone 1:
First name: Ricardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ministry of the Environment of Angola	
Address: Largo da Mutamba, Luanda Angola	
Party (country authorizing participation): Angola	
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: Huongo	Telephone 1:
First name: Abias	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Gabinete para a Administração da Bacia Hidrográfica do Cunene – GABHIC	
Address: Rua Conego Manuel das Neves, N° 234, Edifício EDEL, Luanda Angola	
Party (country authorizing participation): Angola	
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: Gomes da Silva	Telephone 1:
First name: Armino Mario	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):