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").

Title of the project / programme of activities Project / programme of activities reference number: (if available) SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES Name of entity: M/s. D. J. Malpani Address: Malpani Estate, Kasara Dumala, Sangamner 422605 Maharashtra India Party (country authorizing participation): India End-date of participation: □ N/A (participation is not limited in time) □ dd/mm/yyyy Contact details (primary authorized signatory): Last name: Khinvasara Telephone 1: Talcabase 2 (actions)):	SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES Name of entity: M/s. D. J. Malpani Address: Malpani Estate, Kasara Dumala, Sangamner 422605 Maharashtra India Party (country authorizing participation): India End-date of participation: N/A (participation is not limited in time) □ dd/mm/yyyy Contact details (primary authorized signatory): Last name: Khinvasara Telephone 1:	Jath in	* *	Title of the project / programme of activities		
Name of entity: M/s. D. J. Malpani Address: Malpani Estate, Kasara Dumala, Sangamner 422605 Maharashtra India Party (country authorizing participation): India End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy Contact details (primary authorized signatory): Mr. Ms. Last name: Khinvasara Telephone 1:		10136	s reference number:	• •	
M/s. D. J. Malpani Address: Malpani Estate, Kasara Dumala, Sangamner 422605 Maharashtra India Party (country authorizing participation): India End-date of participation: ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy Contact details (primary authorized signatory): Mr. ☒ Ms. ☐ Last name: Khinvasara Telephone 1:	SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES				
Malpani Estate, Kasara Dumala, Sangamner 422605 Maharashtra India Party (country authorizing participation): India End-date of participation:					
India End-date of participation: ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy Contact details (primary authorized signatory): Mr. ☒ Ms. ☐ Last name: Khinvasara Telephone 1:	Malpani Estate, Kasara Dumala, Sangamner 422605 Maharashtra				
Contact details (primary authorized signatory): Last name: Khinvasara Mr. ☑ Ms. ☐ Telephone 1:			ipation):	• • • • • • • • • • • • • • • • • • • •	
Last name: Khinvasara Telephone 1:		☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy		End-date of participation:	
-		Mr. ☑ Ms. □	zed signatory):	Contact details (primary authorized signatory):	
First name: Profeile		Telephone 1:	Last name: Khinvasara		
First name: Pratuna 1 elepnone 2 (optional):		Telephone 2 (optional):	First name: Prafulla		
Email: Fax (optional):		Fax (optional):	Email:		
Specimen signature: Date (dd/mm/yyyy):		Date (dd/mm/yyyy):	Specimen signature:		