

## 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").

<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project / programme of activities</b>	Reduction of N2O emissions from the new nitric acid plant of Egypt Hydrocarbon Corporation at Ain Sokhna
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	7606
<b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>	
<b>Name of entity:</b> Egypt Hydrocarbon Corporation	
<b>Address:</b> 1 Sphinx Square, Mohandessin, Giza, Egypt	
<b>Party (country authorizing participation):</b> Egypt	
<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: Hefzy	Telephone 1:
First name: Karim	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Helmy	Telephone 1:
First name: Mostafa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Carbon Climate Protection GmbH	
<b>Address:</b> Am Suedblick 5/2, 3550 Langenlois Austria	
<b>Party (country authorizing participation):</b> Australia	
<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: Heilig	Telephone 1:
First name: Ferdinand	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Dunkel	Telephone 1:
First name: Gerald	Telephone 2 (optional):

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