

## 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	
<b>Title of the project / programme of activities</b>	Flare Gas Recovery in Tabriz Oil Refinery
<b>Project / programme of activities reference number:</b> (if available)	10367
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Tabriz Oil Refining Company	
<b>Address:</b> 5th km Tabriz-Azarshahr road Tabriz, Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<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: Abdolmohammadi	Telephone 1:
First name: Asghar	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: Khalafi	Telephone 1:
First name: Ali Asghar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> PIELDS Engineering Co. Ltd.	
<b>Address:</b> No. 904, JEI PLATZ Building 459-11, Gasan-dong Geumcheon-gu Seoul Republic of Korea	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<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: Shin	Telephone 1:
First name: SeungCheol	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: Han	Telephone 1:
First name: DongJun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Mehr Renewable Energies Company	
<b>Address:</b> No.4 Unit 11 , 24metri Blvd. Farhang Square Sa'adat Abad Tehran Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<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: Ahadi	Telephone 1:
First name: Mohammad Sadegh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):