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	Flare Gas Recovery in Tabriz Oil Refinery
Project / programme of activities reference number: *(if available)*	10367

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Tabriz Oil Refining Company		
Address: 5th km Tabriz-Azarshahr road Tabriz, Iran (Islamic Republic of)		
Party (country authorizing participation): Iran (Islamic Republic of)		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Abdolmohammadi		Telephone 1:
First name: Asghar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Khalafi		Telephone 1:
First name: Ali Asghar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: PIELDS Engineering Co. Ltd.		
Address: No. 904, JEI PLATZ Building 459-11, Gasan-dong Geumcheon-gu Seoul Republic of Korea		
Party (country authorizing participation): Iran (Islamic Republic of)		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Shin		Telephone 1:
First name: SeungCheol		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐

Last name: Han	Telephone 1:
First name: DongJun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Mehr Renewable Energies Company
Address: No.4 Unit 11 , 24metri Blvd. Farhang Square Sa'adat Abad Tehran Iran (Islamic Republic of)
Party (country authorizing participation): Iran (Islamic Republic of)

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Ahadi	Telephone 1:
First name: Mohammad Sadegh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):