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	3.70 MW Grid Connected Wind Power Project in Madhya Pradesh
Project / programme of activities reference number: *(if available)*	7179

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: M/s Agarwal Flour Mills		
Address: Agarwal House, 3rd Floor, Yashwant Nivas Road, Indore(M.P.), 452003 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: Agarwal		Telephone 1:
First name: Sanjay		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kushwah		Telephone 1:
First name: Dwarka Das		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: M/s Betul Oils & Flours Limited		
Address: 117, Mittal Chambers, Nariman Point, 400021 Mumbai 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: Daga		Telephone 1:
First name: Shreyans		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Surendran		Telephone 1:

First name: C.S.	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
M/s Mittal Appliances Limited

Address:
402, Meridian Apartments, 3rd Wing, Veera Desai Road, Andheri (West),
400 058 Mumbai
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: Mittal	Telephone 1:
First name: Anshul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

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

Name of entity:
M/s Vippy Spinpro Limited

Address:
418-A, City Centre,
452001 Indore
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: Mutha	Telephone 1:
First name: Piyush	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Saklecha	Telephone 1:
First name: Rajesh Kumar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):