

## 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>	The Lebanese CFL Replacement CDM Project – South Lebanon
<b>Project / programme of activities reference number:</b> (if available)	7214
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> The Republic of Lebanon Duly Represented by The Ministry of Energy and Water – Tripoli and Zahrani Oil Installations	
<b>Address:</b> Furn Al-Shibak, Gharios Center, 11th Floor, 2801 2505 Beirut Lebanon	
<b>Party (country authorizing participation):</b> Lebanon	
<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: Hlaiss	Telephone 1:
First name: Sarkis	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> EDF Trading Limited	
<b>Address:</b> 80 Victoria Street, Cardinal Place, 3rd Floor, SW1E 5JL London United Kingdom of Great Britain and Northern Ireland	
<b>Party (country authorizing participation):</b> France	
<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: Joubert	Telephone 1:
First name: Francois	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Lebanese Center for Energy Conservation	
<b>Address:</b> Corniche du Fleuve, Ministry of Energy and Water, Room 303, 2079 6707 Beirut Lebanon	
<b>Party (country authorizing participation):</b> Lebanon	
<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: El Khoury	Telephone 1:
First name: Pierre	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):