

## 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>	Associated Gas Recovery and Utilization at Block 9
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	6817
<b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>	
<b>Name of entity:</b> Ministry of Oil & Gas	
<b>Address:</b> P.O.Box 551, Muscat, 113 Oman	
<b>Party (country authorizing participation):</b> Oman	
<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: Al Siyabi	Telephone 1:
First name: Zaid	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Oman Trading International	
<b>Address:</b> P.O.Box 506515, Tenancy 2, Level 5, Precinct Building 2, Gate Precinct, DIFC, Dubai United Arab Emirates	
<b>Party (country authorizing participation):</b> United Arab Emirates	
<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: Al Maawali	Telephone 1:
First name: Said	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):