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	N2O reduction project at Fertial's nitric acid plant No. 2 at Annaba, Algeria
Project / programme of activities reference number: *(if available)*	7252

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Societe des Fertilisants D'Algerie – Fertial S.p.A.		
Address: BP 3088, Route de Salines 23000 Annaba Algeria		
Party (country authorizing participation): Algeria		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Arechaga		Telephone 1:
First name: Emilio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Hannache		Telephone 1:
First name: Said		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: N.serve Environmental Services GmbH		
Address: Grosse Theaterstr. 14 20354 Hamburg Germany		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: von Velsen-Zerweck		Telephone 1:
First name: Marten		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Gutknecht-Stoehr		Telephone 1:

First name: Nikolaus	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Johnson Matthey Plc	
Address: Orchard Road, Royston SG8 5HE Hertfordshire United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Crooks	Telephone 1:
First name: Garry	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Gillinder	Telephone 1:
First name: Trevor	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):