

## 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>	Improving Kiln Efficiency in the Brick Making Industry in Bangladesh (Bundle-2)
<b>Project / programme of activities reference number:</b> (if available)	6085
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Industrial and Infrastructure Development Finance Company Ltd (IIDFC)	
<b>Address:</b> Chambers Building, 233-124, Motijheel C/A 1000 Dhaka Bangladesh	
<b>Party (country authorizing participation):</b> Bangladesh	
<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: Islam	Telephone 1:
First name: Md. Matiul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Barman	Telephone 1:
First name: Shaymal	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> International Bank for Reconstruction and Development (IBRD) as Trustee of the Danish Carbon Fund (DCF)	
<b>Address:</b> The World Bank 1818 H Street 20433 NW Washington DC United States of America	
<b>Party (country authorizing participation):</b> Denmark	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>

Last name: Wang		Telephone 1:
First name: Tao		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Government of Denmark - Danish Ministry of Climate and Energy/ The Danish Energy Agency		
<b>Address:</b> Amaliegade 44 1256 Copenhagen Denmark		
<b>Party (country authorizing participation):</b> Denmark		
<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: Van Maarschalkerweerd		Telephone 1:
First name: Christian		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):