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	Aberdare Range/ Mt. Kenya Small Scale Reforestation Initiative Kamae-Kipipiri Small Scale A/R Project
Project / programme of activities reference number: *(if available)*	3206

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Green Belt Movement		
Address: Adams Arcade, Kilimani Lane off Elgeyo Marakwet road, P.O. Box 67545 00200 Nairobi Kenya		
Party (country authorizing participation): Kenya		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Njau		Telephone 1:
First name: Frederick		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Government of Canada- Ministry of Foreign Affairs and International Trade		
Address: 111 Sussex Drive, K1A0G2 Ottawa Canada		
Party (country authorizing participation): Canada		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: McCormick		Telephone 1:
First name: Rachel		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund (BioCF)		
Address: 1818 H Street, NW Washington DC 20433 United States of America		
Party (country authorizing participation): Canada		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒

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