

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): _____	