

## 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>	Shri Bajrang WHR CDM Project
<b>Project / programme of activities reference number:</b> (if available)	0528
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> M/s Shri Bajrang Power and Ispat Ltd	
<b>Address:</b> 522/C,Urla Industrial Area,Raipur, Chhattisgarh 493221 India	
<b>Party (country authorizing participation):</b> India	
<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: Goel	Telephone 1:
First name: Narendra	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Agrinergy Ltd	
<b>Address:</b> Cornerways House, Ringwood, Hampshire BH24 1LG United Kingdom of Great Britain and Northern Ireland	
<b>Party (country authorizing participation):</b> United Kingdom of Great Britain and Northern Ireland	
<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: Taylor	Telephone 1:
First name: Robert	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Noble Carbon Credits Limited	
<b>Address:</b> 1st Floor Gilford Hall, 13 Gilford Road, Dublin 4 Ireland	
<b>Party (country authorizing participation):</b> United Kingdom of Great Britain and Northern Ireland	
<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: Woods	Telephone 1:
First name: Alan	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Agrinergy Ltd		
<b>Address:</b> Cornerways House, Ringwood, Hampshire BH24 1LG United Kingdom of Great Britain and Northern Ireland		
<b>Party (country authorizing participation):</b> Switzerland		
<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: Taylor	Telephone 1:	
First name: Robert	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Bunge Emissions Holdings SARL		
<b>Address:</b> c/o Bunge SA, 13 Route de Florissant, P.O. Box 518, Geneva 12 1211 Switzerland		
<b>Party (country authorizing participation):</b> Switzerland		
<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: Evans	Telephone 1:	
First name: Alfred	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):