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	Chilatán Hydroelectric Project
Project / programme of activities reference number: *(if available)*	0785

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Impulsora Nacional de Electricidad S. de R.L. de C.V.		
Address: Bosques de Ciruelos 190 - 303 A 11700 Mexico D.F. Mexico		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Mekler		Telephone 1:
First name: Jacobo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Proveedora de Electricidad de Occidente S de R.L de C.V.		
Address: Bosques de Ciruelos 190 – 303 A 11700 Mexico D.F. Mexico		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Camhaji		Telephone 1:
First name: Salomón		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: BNP Paribas S.A.		
Address: 10 Harewood Avenue NW1 6AA London 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: Dent	Telephone 1:
First name: Simon	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: BNP Paribas S.A.	
Address: 10 Harewood Avenue NW1 6AA London United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Switzerland	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Dent	Telephone 1:
First name: Simon	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):