

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	5.4 MW bundled Wind power project activity in kutch district of Gujarat
Project / programme of activities reference number: (if available)	9793
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: M/s Sri Balaji and Co.	
Address: 405, Maker Chambers V, 4th Floor, Nariman Point, Mumbai 400021 Maharashtra India	
Party (country authorizing participation): India	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ganatra	Telephone 1:
First name: Atul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: D'Souza	Telephone 1:
First name: Anita	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s Ashwini Traders	
Address: 405, Maker Chambers V, 4th Floor, Nariman Point, Mumbai 400021 Maharashtra India	
Party (country authorizing participation): India	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ganatra	Telephone 1:
First name: Atul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: D'Souza	Telephone 1:

First name: Anita		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: M/s Shree Siddhivinayaka Cotton Corporation		
Address: 405, Maker Chambers V, 4th Floor, Nariman Point, Mumbai 400021 Maharashtra India		
Party (country authorizing participation): India		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ganatra		Telephone 1:
First name: Atul		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: D'Souza		Telephone 1:
First name: Anita		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):