

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	Onyx Alexandria Landfill Gas Capture and Flaring Project
Project / programme of activities reference number: (if available)	0508
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Onyx Alexandria	
Address: Teleiba Street Forum Kabbary Road, Moharram Bek, Alexandria Egypt	
Party (country authorizing participation): Egypt	
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: Morillon	Telephone 1:
First name: Yannick	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Veolia Propreté	
Address: 169 Avenue Georges Clemenceau, Nanterre 92735 France	
Party (country authorizing participation): France	
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: Crawford	Telephone 1:
First name: Gary	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development, as Trustee of the Spanish Carbon Fund (SCF)	
Address: 1818 H Street, NW, Washington, DC 20433 United States of America	
Party (country authorizing participation): Spain	
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: Evans	Telephone 1:
First name: James Warren	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):