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	Standard Bank Energy Efficient Commercial Lighting Programme of Activities
Project / programme of activities reference number: *(if available)*	7398

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Standard Bank Plc		
Address: 20 Gresham Street, London EC2V7JE United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): South Africa		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Sinclair		Telephone 1:
First name: Geoff		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Standard Bank Plc		
Address: 20 Gresham Street, London EC2V7JE United Kingdom of Great Britain and Northern Ireland		
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: Sinclair		Telephone 1:
First name: Geoff		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Standard Bank Plc		
Address: 20 Gresham Street, London EC2V7JE United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): Botswana		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Sinclair		Telephone 1:
First name: Geoff		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Standard Bank Plc	
Address: 20 Gresham Street, London EC2V7JE 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: Sinclair	Telephone 1:
First name: Geoff	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):