

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	Scaling-Up Solar Photovoltaic Power Generation
Project / programme of activities reference number: (if available)	10320
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Scatec Solar ASA	
Address: Level 6 Karenslyst Alle 49 0279 Oslo Norway	
Party (country authorizing participation): Mali	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Agbesi	Telephone 1:
First name: Sefakor	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rossetto	Telephone 1:
First name: Daniel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Scatec Solar ASA	
Address: Level 6 Karenslyst Alle 49 0279 Oslo Norway	
Party (country authorizing participation): Burkina Faso	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Agbesi	Telephone 1:
First name: Sefakor	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rossetto	Telephone 1:
First name: Daniel	Telephone 2 (optional):

Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Scatec Solar ASA			
Address: Level 6 Karenslyst Alle 49 0279 Oslo Norway			
Party (country authorizing participation): Ghana			
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Agbesi		Telephone 1:	
First name: Sefakor		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Rossetto		Telephone 1:	
First name: Daniel		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Segou Solaire SA			
Address: Residence 2000 Hamdallaye ACI 2000 BP E 1326 Bamako Mali			
Party (country authorizing participation): Mali			
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: Gauvin		Telephone 1:	
First name: Paul-Francois		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: The Norwegian Ministry of Climate and Environment			
Address: Kongensgate 20 0153 Oslo Norway			

Party (country authorizing participation): Norway	
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: Klakeg	Telephone 1:
First name: Sigurd	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: Evjen	Telephone 1:
First name: Anne Smeby	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	