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		CDM Africa Sustainable Energy Programme	
Project / programme of activities reference number: (if available)		9934	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: C-Quest Capital Malaysia Global Stoves Limited			
Address: Brumby Centre, Lot 42, Jalan Muhi Malaysia	bbah, Labuan F.T., 8700	0	
Party (country authorizing participation): Sweden			
End-date of participation:	N/A (participation	is not limited in time)	
Contact details (primary authoriz	ed signatory):	Mr. ⋈ Ms. □	
Last name: Newcombe		Telephone 1:	
First name: Kenneth		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒	
Last name: Alegre		Telephone 1:	
First name: Isabel		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity:			
Total Land Care (TLC), Malawi			
Address:			
Area 14, Plot 100, PO Box 2440, Lilongwe			
Malawi			
Party (country authorizing participation): Malawi			
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □	
Last name: Bunderson		Telephone 1:	
First name: Trent		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.	
Last name: Jere		Telephone 1:	
First name: Zwide		Telephone 2 (optional):	
Email:		Fax (optional):	

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Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Total Land Care (TLC), Zambia				
Address: Plot 1635, Airport Road, P.O. Box Zambia	511318, Chipata Distri	ict, 10101		
Party (country authorizing participation): Zambia				
End-date of participation:	N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □		
Last name: Bunderson		Telephone 1:		
First name: Trent		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □		
Last name: Jere		Telephone 1:		
First name: Zwide		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		