

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	Reduction of N2O emissions at “Ferganaazot” plant
Project / programme of activities reference number: (if available)	2310
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: SJSC Uzkimyosanoat	
Address: 38 Navoi Street, Tashkent 700011 Uzbekistan	
Party (country authorizing participation): Uzbekistan	
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: Ibragimov	Telephone 1:
First name: Gulyam Inamovich	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: OJSC Farg’onaazot	
Address: 222, U. Yusupov Street, Fergana 712006 Uzbekistan	
Party (country authorizing participation): Uzbekistan	
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: Khaydarov	Telephone 1:
First name: Takhir Khaydarovich	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mitsubishi Corporation	
Address: 16-3, Konan 2-chome, Minato-ku Tokyo 108-8228 Japan	
Party (country authorizing participation): Japan	
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: Noda	Telephone 1:
First name: Hirofumi	Telephone 2 (optional):

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