

## 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").

<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project / programme of activities</b>	Man and Man Enterprise Improved Cooking Stoves CDM Programme in Ghana supported by Republic of Korea
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	10430
<b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>	
<b>Name of entity:</b> Ecoeye Co., Ltd.	
<b>Address:</b> #1503 Hyundai Knowledge Industrial Center B, 70 Dusan-ro Geumcheon-gu Seoul Republic of Korea	
<b>Party (country authorizing participation):</b> Republic of Korea	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rhee	Telephone 1:
First name: Soo Bok	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ha	Telephone 1:
First name: Sang Sun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> AERA Group S.A.S.	
<b>Address:</b> 28, cours Albert 1er 75008 Paris France	
<b>Party (country authorizing participation):</b> Ghana	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Lepage	Telephone 1:
First name: Aurelie	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>

Last name: Le Sache	Telephone 1:
First name: Fabrice	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):