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	Humbo Ethiopia Assisted Natural Regeneration Project
Project / programme of activities reference number: *(if available)*	2712

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: World Vision Ethiopia		
Address: P.O. Box 3330 Addis Ababa Ethiopia		
Party (country authorizing participation): Ethiopia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Ayele		Telephone 1:
First name: Hailu Tefera		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund (BioCF)		
Address: 1818 H Street, 20433 NW Washington DC United States of America		
Party (country authorizing participation): Canada		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Chassard		Telephone 1:
First name: Joelle		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Prasad		Telephone 1:
First name: Neeraj		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Government of Canada – Ministry of Foreign Affairs and International Trade		

Address: 111 Sussex Drive, K1A0G2 Ottawa Canada	
Party (country authorizing participation): Canada	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: McCormick	Telephone 1:
First name: Rachel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):