

## 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	
<b>Title of the project / programme of activities</b>	Humbo Ethiopia Assisted Natural Regeneration Project
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	2712
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> World Vision Ethiopia	
<b>Address:</b> P.O. Box 3330 Addis Ababa Ethiopia	
<b>Party (country authorizing participation):</b> Ethiopia	
<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: Ayele	Telephone 1:
First name: Hailu Tefera	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund (BioCF)	
<b>Address:</b> 1818 H Street, 20433 NW Washington DC United States of America	
<b>Party (country authorizing participation):</b> Canada	
<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: Chassard	Telephone 1:
First name: Joelle	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: Prasad	Telephone 1:
First name: Neeraj	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Government of Canada – Ministry of Foreign Affairs and International Trade	

<b>Address:</b> 111 Sussex Drive, K1A0G2 Ottawa Canada	
<b>Party (country authorizing participation):</b> Canada	
<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: McCormick	Telephone 1:
First name: Rachel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):