

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	Bagasse based Co-generation Project at Titawi Sugar Complex
Project / programme of activities reference number: (if available)	0803
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund	
Address: 6 ADB Avenue, Mandaluyong City 1550, Philippines	
Party (country authorizing participation): Sweden	
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: Yao	Telephone 1:
First name: Xianbin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Locsin	Telephone 1:
First name: Ma. Carmela	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund	
Address: 6 ADB Avenue, Mandaluyong City 1550, Metro Manila Philippines	
Party (country authorizing participation): Spain	
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: Yao	Telephone 1:
First name: Xianbin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Locsin	Telephone 1:
First name: Ma. Carmela	Telephone 2 (optional):

Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: M/s Mawana Sugars Limited			
Address: 5th Floor, Kirti Mahal, 19 Rajendra Place 110125 New Delhi India			
Party (country authorizing participation): India			
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: Kakria		Telephone 1:	
First name: Sunil		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Bhalla		Telephone 1:	
First name: Pramod Kumar		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Kingdom of Spain			
Address: Alcala 92 28009 Madrid Spain			
Party (country authorizing participation): Spain			
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Montalvo		Telephone 1:	
First name: Alicia		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Fernandez		Telephone 1:	
First name: Maria Jesus		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	

Name of entity: Swedish Energy Agency	
Address: P.O. Box 310, 63104 Eskilstuna Sweden	
Party (country authorizing participation): Sweden	
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: Bostrom	Telephone 1:
First name: Bengt	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Jonsson	Telephone 1:
First name: Annika	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	