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	60 MW Kinangop Wind Park Project
Project / programme of activities reference number: *(if available)*	6625

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: J.P. Morgan Ventures Energy Corporation		
Address: 20 Moorgate EC2R 6DA London United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Amic		Telephone 1:
First name: Etienne		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Vanhaesendonck		Telephone 1:
First name: Rene		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Aeolus Kenya Limited		
Address: 235 Nairobi Business Park, Unit B, 2nd Floor, Karen Nairobi Kenya		
Party (country authorizing participation): Kenya		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Fletcher		Telephone 1:
First name: Jenny		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EcoSecurities International Limited		

Address: 40 Dawson Street Dublin 02 Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Browne		Telephone 1:
First name: Patrick		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):