

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	Energy efficiency project in the Ramla Cement Plant in Israel through instalment of new grinding technology
Project / programme of activities reference number: (if available)	0701
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Nesher Cement Enterprises LTD	
Address: 5 Druyanov St. P.O.B 29835, Tel Aviv, 61297 Israel	
Party (country authorizing participation): Israel	
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: Pillersdorf	Telephone 1:
First name: Azriel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoTraders LTD.	
Address: 85 Nachalat Binyamin, Tel Aviv 66102 Israel	
Party (country authorizing participation): Israel	
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: Dishon	Telephone 1:
First name: Adi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities LTD	
Address: 1st Floor 40-41 Park End Street, Oxford OX1 1JD United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Moura Costa	Telephone 1:
First name: Pedro	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):