

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	Zina Solar PV power plant project
Project / programme of activities reference number: <i>(if available)</i>	10151
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Zina Solaire S.A.	
Address: Avenue Babanguida, porte 333, au secteur no 13 de Ouagadougou a la Zone du Bois 06 BP 10483 Ouagadougou Burkina Faso	
Party (country authorizing participation): Burkina Faso	
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: Landry-Tolszczuk	Telephone 1:
First name: Ugo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Windiga Energie Burkina S.A.	
Address: Avenue Babanguida, porte 333, au secteur no 13 de Ouagadougou a la Zone du Bois 06 BP 10483 Ouagadougou Burkina Faso	
Party (country authorizing participation): Burkina Faso	
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: Landry-Tolszczuk	Telephone 1:
First name: Ugo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Windiga S.A.	
Address: Avenue Babanguida, porte 333, au secteur no 13 de Ouagadougou a la Zone du Bois 06 BP 10483 Ouagadougou Burkina Faso	

Party (country authorizing participation): Burkina Faso	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
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Last name: Landry-Tolszczuk	Telephone 1:
First name: Ugo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):