

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 | Solar PV Project – Shyri-1 |
| Project / programme of activities reference number: <i>(if available)</i> | 9511 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Isofoton, S.A. | |
| Address: Torre de Cristal - Paseo de la Castellana 259C - Planta 18 28046 Madrid Spain | |
| Party (country authorizing participation): France | |
| 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: Serrano | Telephone 1: |
| First name: Diego | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: CDC Climat Asset Management | |
| Address: 47 rue de la Victoire 75009 Paris France | |
| Party (country authorizing participation): France | |
| 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: Paris | Telephone 1: |
| First name: Marianne | 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: Blond | Telephone 1: |
| First name: Antoine | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: CDC Climat | |

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|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Address: 47 rue de la Victoire 75009 Paris France | |
| Party (country authorizing participation): France | |
| 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: Paris | Telephone 1: |
| First name: Marianne | 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: Blond | Telephone 1: |
| First name: Antoine | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Desarrollos Fotovoltaicos de Ecuador, S.A. | |
| Address: Calle Republica de Salvador no. 35-82 Quito Ecuador | |
| Party (country authorizing participation): Ecuador | |
| 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: Serrano | Telephone 1: |
| First name: Diego | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Ably Carbon | |
| Address: 3 rue Pelouze 75008 Paris France | |
| Party (country authorizing participation): France | |
| 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: Vidaillet | Telephone 1: |
| First name: Stephane | Telephone 2 (optional): |
| Email: | Fax (optional): |

Specimen signature:

Date (dd/mm/yyyy):