

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: (if available)	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	

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):