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		Leak Reduction in Above Ground Gas Distribution Equipment in 'Socar Georgia Gas' gas distribution system, Georgia	
Project / programme of activities reference number: (if available)		6213	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Arcadia Energy (Suisse) S.A.			
Address: Route de Longeraie 7, 1110 Morges, Switzerland			
Party (country authorizing participation): Switzerland			
End-date of participation:	N/A (participation i	is not limited in time)	
Contact details (primary authoriz	ed signatory):	Mr. ⋈ Ms. □	
Last name: Rittner		Telephone 1:	
First name: Frank		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Q.C.A. AG			
Address: Tellenstr. 34, CH-6050 Kaegiswil Switzerland			
Party (country authorizing participation): Switzerland			
End-date of participation:	■ N/A (participation i	is not limited in time)	
Contact details (primary authoriz	ed signatory):	Mr. ⋈ Ms. □	
Last name: Rittner		Telephone 1:	
First name: Frank		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Ltd. 'Socar Georgia Gas'			
Address: 56, Burdzgla St., 0194 Tbilisi Georgia			
Party (country authorizing participation): Georgia			
End-date of participation:	N/A (participation i	is not limited in time)	
Contact details (primary authoriz	ed signatory):	Mr. ☑ Ms. □	

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Last name: Mammadov	Telephone 1:
First name: Anar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □
Last name: Areshidze	Telephone 1:
First name: Giorgi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):