

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	CARBON SEQUESTRATION THROUGH REFORESTATION IN THE BOLIVIAN TROPICS BY SMALLHOLDERS OF "The Federación de Comunidades Agropecuarias de Rurrenabaque (FECAR)"
Project / programme of activities reference number: <i>(if available)</i>	2510
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Fundacion Centro Tecnico Forestal (CETEFOR)	
Address: C/ Enrique Arce 2071 Cochamba Bolivia	
Party (country authorizing participation): Bolivia	
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: Davalos	Telephone 1:
First name: Ivan Cesar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Asociación Accidental Cetefor-Sicirec	
Address: Casilla 6511 C/ Enrique Arce 2071 Cochamba Bolivia	
Party (country authorizing participation): Bolivia	
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: Stilma	Telephone 1:
First name: Anko Arthur	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Federacion de Comunidades Agropecuarias de Rurrenabaque (FECAR)	
Address: --- Rurrenabaque, Beni Bolivia	
Party (country authorizing participation): Bolivia	

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: Vela Huanca	Telephone 1:	
First name: Eugenio	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Name of entity: Vlaams Gewest / Government of the Region of Flanders		
Address: Koning Albert 2-laan 20 bus 1 1000 Brussels Belgium		
Party (country authorizing participation): Belgium		
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: Crevits	Telephone 1:	
First name: Hilde	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Neyens	Telephone 1:	
First name: Annemie	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	