

## 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").

<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project / programme of activities</b>	CARBON SEQUESTRATION THROUGH REFORESTATION IN THE BOLIVIAN TROPICS BY SMALLHOLDERS OF "The Federación de Comunidades Agropecuarias de Rurrenabaque (FECAR)"
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	2510
<b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>	
<b>Name of entity:</b> Fundacion Centro Tecnico Forestal (CETEFOR)	
<b>Address:</b> C/ Enrique Arce 2071 Cochamba Bolivia	
<b>Party (country authorizing participation):</b> Bolivia	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	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):
<b>Name of entity:</b> Asociación Accidental Cetefor-Sicirec	
<b>Address:</b> Casilla 6511 C/ Enrique Arce 2071 Cochamba Bolivia	
<b>Party (country authorizing participation):</b> Bolivia	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	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):
<b>Name of entity:</b> Federacion de Comunidades Agropecuarias de Rurrenabaque (FECAR)	
<b>Address:</b> --- Rurrenabaque, Beni Bolivia	
<b>Party (country authorizing participation):</b> Bolivia	

<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	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):
<b>Name of entity:</b> Vlaams Gewest / Government of the Region of Flanders	
<b>Address:</b> Koning Albert 2-laan 20 bus 1 1000 Brussels Belgium	
<b>Party (country authorizing participation):</b> Belgium	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	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):
<b>Contact details (alternate authorized signatory):</b>	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):