

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 | |
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| Title of the project / programme of activities | Sustainability CFL Replacement Programme of Activities in South Africa |
| Project / programme of activities reference number: <i>(if available)</i> | 7479 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Eskom Holdings SOC Limited | |
| Address: Mega Watt Park, Maxwell Drive, Sunninghill Sandton, Johannesburg South Africa | |
| Party (country authorizing participation): South Africa | |
| 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: Lennon | Telephone 1: |
| First name: Stephen John | 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: Rambharos | Telephone 1: |
| First name: Mandy | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: BNP Paribas | |
| Address: 10 Harewood Avenue, London, NW1 6AA United Kingdom of Great Britain and Northern Ireland | |
| 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: Carre | Telephone 1: |
| First name: François | 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: Rosai | Telephone 1: |
| First name: John | Telephone 2 (optional): |

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| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |