

## 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>                               | Bundled 15 MW Wind Power Project in India  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i> | 0986   |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>                            |  |
| <b>Name of entity:</b><br>M/s Gangadhar Narsingdas Agrawal (GNA)                    |  |
| <b>Address:</b><br>Anand Bhavan, Station Road, Margao, Goa 403601<br>India          |  |
| <b>Party (country authorizing participation):</b><br>India                          |  |
| <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: Agrawal  | Telephone 1:   |
| First name: Anirudh   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>M/s Ferromar Shipping Private Limited (FSPL)              |  |
| <b>Address:</b><br>Anand Bhavan, Station Road, Margao, Goa 403601<br>India          |  |
| <b>Party (country authorizing participation):</b><br>India                          |  |
| <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: Agrawal  | Telephone 1:   |
| First name: Anirudh   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |