

## 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                       |  |
|--|--|
| <b>Title of the project / programme of activities</b>                        | Efficient Wood Fuel Stove-Cooking-Sets, Lesotho  |
| <b>Project / programme of activities reference number:</b><br>(if available) | 5482   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                            |  |
| <b>Name of entity:</b><br>atmosfair gGmbH                                    |  |
| <b>Address:</b><br>Zossener Str. 55-58,<br>10961 Berlin<br>Germany           |  |
| <b>Party (country authorizing participation):</b><br>Germany                 |  |
| <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: Wagner  | Telephone 1:   |
| First name: Barbara  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>                     | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Brockhagen  | Telephone 1:   |
| First name: Dietrich   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Deutsche Post AG                                   |  |
| <b>Address:</b><br>Charles-de-Gaulle-Str. 20,<br>53113 Bonn<br>Germany       |  |
| <b>Party (country authorizing participation):</b><br>Germany                 |  |
| <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: Sattler   | Telephone 1:   |
| First name: Guido  | 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: Tomoff  | Telephone 1:   |
| First name: Katharina  | Telephone 2 (optional):  |

|  |  |                    |
|--|--|--------------------|
| Email:   | Fax (optional):  |                    |
| Specimen signature:  |  | Date (dd/mm/yyyy): |
| <b>Name of entity:</b><br>Solar Lights                       |  |                    |
| <b>Address:</b><br>P.O. Box 14008,<br>Maseru 100<br>Lesotho  |  |                    |
| <b>Party (country authorizing participation):</b><br>Lesotho |  |                    |
| <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: Hönes   | Telephone 1:   |                    |
| First name: Michael  | Telephone 2 (optional):  |                    |
| Email:   | Fax (optional):  |                    |
| Specimen signature:  |  | Date (dd/mm/yyyy): |