

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	Jubilee Oil Field Associated Gas Recovery & Utilization Project
Project / programme of activities reference number: (if available)	8896
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Ghana National Gas Company	
Address: No. 10 Drake Avenue, Airport Residential Area, Accra Ghana	
Party (country authorizing participation): Ghana	
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: McWood	Telephone 1:
First name: Jacob	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: Attah-Okine	Telephone 1:
First name: Richard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Carbonswiss AG	
Address: Baarerstrasse 95, 6300 Zug Switzerland	
Party (country authorizing participation): Switzerland	
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: Bergauer	Telephone 1:
First name: Marc-Alexander	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: Meyer	Telephone 1:
First name: Philippe	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Carbon Ghana Limited		
Address: P.O.Box 938, Kanda, Accra Ghana		
Party (country authorizing participation): Ghana		
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: Bergauer	Telephone 1:	
First name: Marc-Alexander	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: Bergauer	Telephone 1:	
First name: Friedrich	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):