

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	2.10 MW Bundled Wind Power Generation in Tamil Nadu and Madhya Pradesh
Project / programme of activities reference number: (if available)	8159
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: M/s AD-Manum Finance Limited	
Address: Agarwal House, Upper Ground Floor, 5, Yeshwant Colony, Indore(M.P.), 452003 India	
Party (country authorizing participation): India	
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: Choudhury	Telephone 1:
First name: Jayant Nath	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: Mittal	Telephone 1:
First name: Ajay	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s Agarwal Coal Corporation Private Limited	
Address: Agarwal House, Second Floor, 5, Yeshwant Colony, Indore(M.P.), 452003 India	
Party (country authorizing participation): India	
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: Agarwal	Telephone 1:
First name: Vinod Kumar	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: Shukla	Telephone 1:

First name: Surendra Prasad	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):