

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	Papaloate Hydroelectric
Project / programme of activities reference number: (if available)	9275
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Sociedad Hidroeléctrica Papaloate S.A. de C.V.	
Address: Residencial La Cumbre, 1ra Avenida, 3ra Calle, Bloque E. Tegucigalpa, P.O. Box 1119 Honduras	
Party (country authorizing participation): El Salvador	
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: Otero	Telephone 1:
First name: Claudio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Corporación Andina de Fomento (CAF) acting as administrator of the CAF-Netherlands CDM facility	
Address: Carrera 9 No. 76 - 49 Plso 7 Bogota Colombia	
Party (country authorizing participation): Netherlands	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Gomez	Telephone 1:
First name: Mary	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: Rojas	Telephone 1:
First name: Camilo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Netherlands' Ministry of Infrastructure and the Environment ("IenM")	
Address: Plesmanweg 1-6, 2597 JG, The Hague, P.O.Box 20901, 2500 EX Netherlands	

Party (country authorizing participation): Netherlands	
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: Goote	Telephone 1:
First name: Maas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):