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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
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. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Goote		Telephone 1:
First name: Maas		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):