# 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** | Pandurang SSK RE Project |
| **Project / programme of activities reference number:** *(if available)* | 0313 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:**<br>M/s Shree Pandurang Sahakari Sakhar Karkhana Ltd. | | |
| **Address:**<br>Shripur<br>Taluk Malshiras<br>Maharashtra<br>413112 District Solapur<br>India | | |
| **Party (country authorizing participation):**<br>India | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Nibe | | Telephone 1: |
| First name: K.N. | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:**<br>Agrinergy Ltd. | | |
| **Address:**<br>School Lane<br>Cornerways House<br>Ringwood<br>BH24 1LG Hampshire<br>United Kingdom of Great Britain and Northern Ireland | | |
| **Party (country authorizing participation):**<br>United Kingdom of Great Britain and Northern Ireland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Taylor | | Telephone 1: |
| First name: Robert | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:**<br>Agrinergy Ltd. | | |
| **Address:**<br>Eagle Tower<br>GL50 1TA Cheltenham<br>United Kingdom of Great Britain and Northern Ireland | | |
| **Party (country authorizing participation):**<br>Switzerland | | |

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|---|---|
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Atkinson | Telephone 1: |
| First name: Ben | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |