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	Lafarge WAPCO Partial Substitution of Alternative Fuels in Cement Facilities Project in Nigeria
Project / programme of activities reference number: *(if available)*	8747

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Lafarge SA		
Address: 61, rue des Belles Feuilles, BP 40 75782 Paris Cedex 16 France		
Party (country authorizing participation): France		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Sainsaulieu		Telephone 1:
First name: Valerie		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Legat		Telephone 1:
First name: Nicolas		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Lafarge Cement WAPCO Nigeria Ltd		
Address: Elephant Cement House, Alausa, Ikeja Lagos Nigeria		
Party (country authorizing participation): Nigeria		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Rogers		Telephone 1:
First name: Paul		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Awanayah		Telephone 1:

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

Name of entity: Carbon-Limits Nigeria Limited
Address: Ark Tower House, 17 Ligali Ayorinde Street, Victoria Island Lagos Nigeria
Party (country authorizing participation): Nigeria

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Parks	Telephone 1:
First name: Paul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Ogunleye	Telephone 1:
First name: James	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):