

## 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  |  |
|---|--|
| <b>Title of the project / programme of activities</b>   | Reduction in steam consumption in stripper reboilers through process modifications                                 |
| <b>Project / programme of activities reference number:</b><br>(if available)  | 0340   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>M/s Reliance Industries Limited   |  |
| <b>Address:</b><br>Thane-Belapur Road, Koparkhairane, BCA-28,2nd Floor, PHQ, Dhirubhai Ambani Knowledge City, (DAKC), Navi Mumbai, Maharashtra, 400701<br>India |  |
| <b>Party (country authorizing participation):</b><br>India  |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Bholay   | Telephone 1:   |
| First name: Gauri Bhaskar   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>BNP Paribas S.A.  |  |
| <b>Address:</b><br>10, Harewood Avenue, London NW1 6AA<br>United Kingdom of Great Britain and Northern Ireland  |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland   |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Dent   | Telephone 1:   |
| First name: Simon   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |