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	Domestic Cooking Stoves substitution programme in Mozambique
Project / programme of activities reference number: *(if available)*	9981

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Fondazione AVSI		
Address: Via Legnone 4 20158 Milano Italy		
Party (country authorizing participation): Mozambique		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Silvestri		Telephone 1:
First name: Giampaolo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Capitanio		Telephone 1:
First name: Giorgio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: CarbonSinkGroup S.r.l.		
Address: Piazza Beverini 4 19121 La Spezia Italy		
Party (country authorizing participation): Italy		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Vaglio		Telephone 1:
First name: Stefano		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Maggiani		Telephone 1:

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

Name of entity: Cloros S.r.l.
Address: Piazza Villafranchetta 3 37069 Villafranca di Verona (VR) Italy
Party (country authorizing participation): Italy

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

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

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