

## 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>	Domestic Cooking Stoves substitution programme in Mozambique
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	9981
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Fondazione AVSI	
<b>Address:</b> Via Legnone 4 20158 Milano Italy	
<b>Party (country authorizing participation):</b> Mozambique	
<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: Silvestri	Telephone 1:
First name: Giampaolo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Capitano	Telephone 1:
First name: Giorgio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> CarbonSinkGroup S.r.l.	
<b>Address:</b> Piazza Beverini 4 19121 La Spezia Italy	
<b>Party (country authorizing participation):</b> Italy	
<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: Vaglio	Telephone 1:
First name: Stefano	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Maggiani	Telephone 1:

First name: Andrea	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Cloros S.r.l.	
<b>Address:</b> Piazza Villafranchetta 3 37069 Villafranca di Verona (VR) Italy	
<b>Party (country authorizing participation):</b> Italy	
<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: Caliri	Telephone 1:
First name: Riccardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Facci	Telephone 1:
First name: Michele	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):