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	Nakoda WHR CDM Project
Project / programme of activities reference number: *(if available)*	0678

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: M/s Shree Nakoda Ispat Ltd		
Address: PO Shankar Nagar, Near Railway Crossing Mowa, Raipur,Chhattisgarh 492007 India		
Party (country authorizing participation): 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: Goel		Telephone 1:
First name: Virendra		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Noble Carbon Credits Limited		
Address: 13, Gilford Road,1st Floor, Gilford Hall, Sandymount, Dublin Ireland		
Party (country authorizing participation): 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: Ansorg		Telephone 1:
First name: Thorsten		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Agrinergy Ltd		
Address: Eagle Tower,Cheltenham, GL50 1TA United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): 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: Atkinson		Telephone 1:
First name: Ben		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Agrinergy Ltd	
Address: Eagle Tower,Cheltenham, GL50 1TA United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): 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: Atkinson	Telephone 1:
First name: Ben	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):