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	Distribution of ONIL Stoves—Mexico
Project / programme of activities reference number: *(if available)*	8521

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: C-Quest Capital LLC		
Address: 1211 Connecticut Ave NW, Suite 800, Washington, 20036 United States of America		
Party (country authorizing participation): Netherlands		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Newcombe		Telephone 1:
First name: Ken		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Alegre		Telephone 1:
First name: Isabel		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: C-Quest Capital LLC		
Address: 1211 Connecticut Ave NW, Suite 800, Washington, 20036 United States of America		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Newcombe		Telephone 1:
First name: Ken		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Alegre		Telephone 1:
First name: Isabel		Telephone 2 (optional):
Email:		Fax (optional):

Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Helps International AC	
Address: 13 Ave. "B"24-28 Zona 13 Guatemala 01007 Guatemala	
Party (country authorizing participation): Mexico	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Grinnell	Telephone 1:
First name: Richard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Miller	Telephone 1:
First name: Steve	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):