

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	Genaveh Combined Cycle Power Plant
Project / programme of activities reference number: <i>(if available)</i>	9895
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Mapna Genaveh Power Generation Co.	
Address: No. 231 Mirdamad Blvd., Teheran 1918953651 Iran (Islamic Republic of)	
Party (country authorizing participation): Iran (Islamic Republic of)	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Behbahani	Telephone 1:
First name: Khalil	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Mozafari Goudarzi	Telephone 1:
First name: Shahpour	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Swiss Carbon Assets Ltd.	
Address: Technoparkstrasse 1, Zurich 8005 Switzerland	
Party (country authorizing participation): Iran (Islamic Republic of)	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Heuberger	Telephone 1:
First name: Renat	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Grobbel	Telephone 1:
First name: Christoph	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):