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		African Clean Energy Switch – Biogas (ACES-Biogas)	
Project / programme of activities reference number: (if available)		8239	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: African Clean Energy Switch - Bio	gas (ACES-Biogas) Lim	ited	
Address: P.O.Box 70480, Kampala Uganda			
Party (country authorizing participation): Uganda			
End-date of participation:	N/A (participation	is not limited in time) \(\square \text{dd/mm/yyyy} \)	
Contact details (primary authorize	zed signatory):	Mr. ☑ Ms.□	
Last name: Farmer		Telephone 1:	
First name: William		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: African Clean Energy Switch - Biogas (ACES-Biogas) Limited			
Address: P.O.Box 70480, Kampala Uganda			
Party (country authorizing partic	cipation):		
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary authorize	zed signatory):	Mr. ⋈ Ms.□	
Last name: Farmer		Telephone 1:	
First name: William		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Name of entity: African Clean Energy Switch - Biogas (ACES-Biogas) Limited			
Address: P.O.Box 70480, Kampala Uganda			
Party (country authorizing participation): Kenya			
End-date of participation: ☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. ⊠ Ms. □	
Last name: Farmer		Telephone 1:	
First name: William		Telephone 2 (optional):	

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Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity:				
African Clean Energy Switch - Biogas (ACES-Biogas) Limited				
Address:				
P.O.Box 70480, Kampala				
Uganda				
Party (country authorizing participation):				
Rwanda				
End-date of participation:	✓ N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. ⊠ Ms. □		
Last name: Farmer		Telephone 1:		
First name: William		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		