

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	Programme of activities for the recovery and use of associated petroleum gas, normally combusted in flare stacks in oil-producing fields
Project / programme of activities reference number: (if available)	8659
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Andean Center for Economics in the Environment (ACEE/CAEMA)	
Address: Cra. 3 No. 11 – 55, Interior 213, Centro Histórico La Candelaria, Bogotá, Colombia	
Party (country authorizing participation): Colombia	
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: Black-Arbelaes	Telephone 1:
First name: Thomas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Petroleum Equipment International (PEI)	
Address: Avenida 9 N° 113-52 Piso 21. Torres Unidas II Colombia	
Party (country authorizing participation): Colombia	
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: Leal	Telephone 1:
First name: Omar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Union Temporal Omega Energy (UTOE)	
Address: Avenida 9 N° 113-52 Piso 21. Torres Unidas II Colombia	
Party (country authorizing participation): Colombia	
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: Leal	Telephone 1:

First name: Omar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):