# 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** | Dissemination of improved cook stoves and generation of charcoal |
| **Project / programme of activities reference number:** *(if available)* | 10292 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Servals Automation Private Ltd. | | |
| **Address:** No. 5/1, Balaji Nagar, 1 Street<br>Ekkattuthangal<br>Tamil-Ndu<br>600032 Chennai<br>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: SRINIVASAN | | Telephone 1: |
| First name: Sujatha | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Mukundan | | Telephone 1: |
| First name: Sudhakar | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** atmosfair gGmbH | | |
| **Address:** Zossener Strasse 55-58<br>10961 Berlin<br>Germany | | |
| **Party (country authorizing participation):** Germany | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Brockhagen | | Telephone 1: |
| First name: Dietrich | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☐ Ms. ☒ |

| | |
|---|---|
| Last name: Mikolajewski | Telephone 1: |
| First name: Katrin | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |