

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: <i>(if available)</i>	10292
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Servals Automation Private Ltd.	
Address: No. 5/1, Balaji Nagar, 1 Street Ekkattuthangal Tamil-Ndu 600032 Chennai India	
Party (country authorizing participation): India	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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 10961 Berlin Germany	
Party (country authorizing participation): Germany	
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: Brockhagen	Telephone 1:
First name: Dietrich	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>

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