

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	Foundation Wind Energy-II (Private) Limited 50 MW Wind Farm Project
Project / programme of activities reference number: (if available)	9314
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: UPM Umwelt-Projekt-Management GmbH	
Address: Lamontstrasse 11 81679 Munich Germany	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Dilger	Telephone 1:
First name: Martin	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: Huenteler	Telephone 1:
First name: Henning	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Foundation Wind Energy-II (Private) Limited	
Address: Fauji Foundation Head Office (P&D Division), Fauji Towers, 68-Tipu Road, Chaklala Cantt, Rawalpindi 46000 Punjab Pakistan	
Party (country authorizing participation): Pakistan	
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: Shafiq	Telephone 1:
First name: Imran	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: Shaikat	Telephone 1:

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