

## 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	
<b>Title of the project / programme of activities</b>	Partial substitution of fossil fuels with biomass in cement manufacture
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	0876
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Cementos Avellaneda S.A.	
<b>Address:</b> Defensa 113, 6th Floor, Buenos Aires Argentina	
<b>Party (country authorizing participation):</b> Argentina	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lascano	Telephone 1:
First name: Alberto Vidal	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Corporacion Uniland S.A.	
<b>Address:</b> c/ Corcega 299, Barcelona, 08008 Spain	
<b>Party (country authorizing participation):</b> Spain	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Machimbarrena	Telephone 1:
First name: Ignacio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Cementos Molins Industrial S.A.	
<b>Address:</b> CN-340 KM 1242,3, N° 2 TO 38, Barcelona 08620 Spain	
<b>Party (country authorizing participation):</b> Spain	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: De Bobes	Telephone 1:
First name: Enric	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):