

# CDM-MOC-FORM Form: ANNEX 1

<b>Date of submission</b>		28/06/2012
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	India-FaL-G Brick and Blocks Project No.2.	
<b>2. Please state project ID Number if available</b>	4585	
<b>Section 2: List of project participants</b>		
<b>Name of the entity:</b> M/s Eco Carbon Pvt.Ltd.		
<b>Party (country that authorised participation):</b> India		
<b>Contact details (primary authorised signatory):</b>	Mr.	
Last name: Kalidas	Telephone:	
First name: Nateri	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorised signatory):</b>		
Ms.		
Last name: Bhanumathidas	Telephone:	
First name: Nateri	Fax:	
Email:	Address:	
Specimen signature:		
<b>Name of the entity:</b> International Bank for Reconstruction and Development (IBRD) as Trustee of the Community Development Carbon Fund		
<b>Party (country that authorised participation):</b> Netherlands		
<b>Contact details (primary authorised signatory):</b>	Ms.	
Last name: Chassard	Telephone:	
First name: Joelle	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorised signatory):</b>		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		

<b>Name of the entity:</b> State of the Netherlands acting through the Netherlands' Ministry of Infrastructure and Environment ( IenM)	
<b>Party (country that authorised participation):</b> Netherlands	
<b>Contact details (primary authorised signatory):</b>	Ms.
Last name: Gerards	Telephone:
First name: Marisa	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
<b>Name of the entity:</b> Government of Italy - Ministry for the Environment, Land and Sea	
<b>Party (country that authorised participation):</b> Italy	
<b>Contact details (primary authorised signatory):</b>	Mr.
Last name: Clini	Telephone:
First name: Corrado	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	