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	Fauji Cement Company Limited Waste Heat Recovery Project
Project / programme of activities reference number: *(if available)*	10330

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Fauji Cement Company Limited		
Address: Block 3, Fauji Towers 68 Tipu Road Chaklala Rawalpindi Pakistan		
Party (country authorizing participation): Pakistan		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Mahmood Ali Kahn		Telephone 1:
First name: Sardar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Ashraf		Telephone 1:
First name: Omer		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: First Climate (Switzerland) AG		
Address: Brandschenkestrasse 51 8002 Zurich Switzerland		
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: Brodmann		Telephone 1:
First name: Urs		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐

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

Name of entity: Carbon Services Private Limited
Address: 2nd Floor AI-Maalik 19-Davis Road Lahore Pakistan
Party (country authorizing participation): Pakistan

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Malik	Telephone 1:
First name: Omar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Malik	Telephone 1:
First name: Usman	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):