

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:	<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: 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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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:	<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: Brodmann	Telephone 1:
First name: Urs	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: 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:	<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: Malik		Telephone 1:
First name: Omar		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: Malik		Telephone 1:
First name: Usman		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):