

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	Wigton Wind Farm Project (WWF)
Project / programme of activities reference number: (if available)	0239
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Wigton Wind Farm Limited (WWF)	
Address: 36 Trafalgar Road, PO Box 579, 10, Kingston 10 Jamaica	
Party (country authorizing participation): Jamaica	
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: Mcleod	Telephone 1:
First name: Wesley	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Corporacion Andina de Fomento (CAF) as administrator of the Netherlands CDM Facility	
Address: Av. Luis Roche con 2da. Traversal de Los Palos Grandes, Torre CAF, Piso 4, Altamura, Caracas Venezuela	
Party (country authorizing participation): Netherlands	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Szauer	Telephone 1:
First name: Maria Teresa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ministry of Housing, Spatial Planning and Environment (VROM)	
Address: PO Box 30945, Den Haag 2500 GX Netherlands	
Party (country authorizing participation): Netherlands	
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: Von Meijfeldt	Telephone 1:
First name: Hugo	Telephone 2 (optional):

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