# 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:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| 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. Trasversal de Los Palos Grandes, Torre CAF, Piso 4, Altamura, Caracas Venezuela | | |
| **Party (country authorizing participation):** Netherlands | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☐ Ms. ☒ |
| 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:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Von Meijenfeldt | | Telephone 1: |
| First name: Hugo | | Telephone 2 (optional): |

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