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	Kainji Hydropower Rehabilitation Project, Nigeria
Project / programme of activities reference number: *(if available)*	7726

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Power Holding Company of Nigeria (PHCN)		
Address: Plot 441, Zambezi Crescent, Maitama Abuja Nigeria		
Party (country authorizing participation): Nigeria		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Labo		Telephone 1:
First name: Hussein		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development asTrustee of the Umbrella Carbon Facility Tranche 2 (UCFT2)		
Address: The World Bank, 1818 H Street 20433 NW Washington DC United States of America		
Party (country authorizing participation): Sweden		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Chassard		Telephone 1:
First name: Joelle		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Wang		Telephone 1:
First name: Tao		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Government of Sweden - Swedish Energy Agency		

Address: P.O. Box 310 SE-631 04 Eskilstuna Sweden	
Party (country authorizing participation): Sweden	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Bostrom	Telephone 1:
First name: Bengt	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):