

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	Hot Water Heating Programme for South Africa
Project / programme of activities reference number: <i>(if available)</i>	7699
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: I Carbon (Pty) Ltd	
Address: 284 Castellet Syringa Avenue Broadacres Johannesburg 2020 South Africa	
Party (country authorizing participation): South Africa	
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: Lahti	Telephone 1:
First name: Laura	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: Deven	Telephone 1:
First name: Pillay	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Carbon Ltd	
Address: 97 Ashley Road, Walton on Thames,KT12 1HH United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Liechtenstein	
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: Lahti	Telephone 1:
First name: Laura	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: Deven	Telephone 1:
First name: Pillay	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Low E Solutions (Pty) Ltd			
Address: 284 Castellet Syringa Avenue Broadacres Johannesburg 2020 South Africa			
Party (country authorizing participation): South Africa			
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: Lahti		Telephone 1:	
First name: Laura		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: Deven		Telephone 1:	
First name: Pillay		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	