

## 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	
<b>Title of the project / programme of activities</b>	BRT Metrobus 2-13, Mexico
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	7235
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Metrobus	
<b>Address:</b> Av. Cuauhtémoc No.16, 5° piso, Col. Doctores, Deleg. Cuauhtemoc, Mexico D.F., Mexico	
<b>Party (country authorizing participation):</b> Mexico	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Calderon	Telephone 1:
First name: Guillermo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Bienes Inmuebles y Tecnologia S.A de C.V.	
<b>Address:</b> Blvd Adolfo Lopez Mateos 379 Piso 2 Col San Angel Inn, Mexico D.F., Mexico	
<b>Party (country authorizing participation):</b> Mexico	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Gutierrez Huerta	Telephone 1:
First name: David Alberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Gruetter Consulting AG	
<b>Address:</b> Thiersteinerstr. 22/5, 4153 Reinach Switzerland	
<b>Party (country authorizing participation):</b> Switzerland	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Gruetter	Telephone 1:

First name: Juerg	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):