

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	BRT Metrobus 2-13, Mexico
Project / programme of activities reference number: (if available)	7235
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Metrobus	
Address: Av. Cuauhtémoc No.16, 5° piso, Col. Doctores, Deleg. Cuauhtemoc, Mexico D.F., Mexico	
Party (country authorizing participation): Mexico	
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: Calderon	Telephone 1:
First name: Guillermo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Bienes Inmuebles y Tecnologia S.A de C.V.	
Address: Blvd Adolfo Lopez Mateos 379 Piso 2 Col San Angel Inn, Mexico D.F., Mexico	
Party (country authorizing participation): Mexico	
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: Gutierrez Huerta	Telephone 1:
First name: David Alberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Gruetter Consulting AG	
Address: Thiersteinerstr. 22/5, 4153 Reinach Switzerland	
Party (country authorizing participation): Switzerland	
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: Gruetter	Telephone 1:

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