# 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** | Grid-connected electricity generation from renewable sources at Kadavakallu, Putluru Mandal, Dist. |
| **Project / programme of activities reference number:** *(if available)* | 1071 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** M/s Wescare (India) Ltd. | | |
| **Address:** 16, Cenotaph Road, Wescare Towers, Chennai, Tamilnadu 600 018 India | | |
| **Party (country authorizing participation):** India | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Raghunathan | | Telephone 1: |
| First name: Valagam Rajagopal | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** KfW | | |
| **Address:** Palmengartenstrasse 5-9, Frankfurt am Main 60325 Germany | | |
| **Party (country authorizing participation):** Germany | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☐ Ms. ☒ |
| Last name: Sittler | | Telephone 1: |
| First name: Karin | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |