

## 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>	130 MW Aras (Gara Chilar) Hydropower Plant
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	9856
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Iran Water and Power Development Company	
<b>Address:</b> No. 3, Bidar St., Africa Junction, Modarres highway 19649-13581 Teheran Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<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: Bozorgzadeh	Telephone 1:
First name: Eisa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Mahab Ghodss Consulting Engineering Company	
<b>Address:</b> No. 16, Takharestan alley, Dastgerdi Ave. 19187-81185 Teheran Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<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: Tarkeshdooz	Telephone 1:
First name: Nasser	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Mehr Renewable Energies Company	
<b>Address:</b> Unit 11, No. 4, 24 m Ave., Sa'adat Abad 19986-99134 Teheran Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<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: Partovi	Telephone 1:
First name: Adel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):