

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 | SF6 Switch at Ortal Diecasting 1993 Ltd. |
| Project / programme of activities reference number: <i>(if available)</i> | 2394 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: EcoTraders Ltd. | |
| Address: Saadia Gaon 24 , 9th floor Tel Aviv 67135 Israel | |
| Party (country authorizing participation): Israel | |
| 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: Dishon | Telephone 1: |
| First name: Adi | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Ortal Diecasting 1993 Ltd. | |
| Address: Kibbutz Neve Ur 10875 Israel | |
| Party (country authorizing participation): Israel | |
| 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: Wirthiem | Telephone 1: |
| First name: Amon | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |