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		JCT Phagwara Small Scale Biomass Project		
Project / programme of activities reference number: <i>(if available)</i>		0113		
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES				
Name of entity: M/s JCT Ltd				
Address: Thapar House, 124 Janpath, New D India	elhi 110001			
Party (country authorizing partic India	ipation):			
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy		
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.		
Last name: Singhal		Telephone 1:		
First name: S		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Address: Eagle Tower, Montpellier Drive,Ch United Kingdom of Great Britain an Party (country authorizing partic United Kingdom of Great Britain an End-date of participation:	nd Northern Ireland ipation): nd Northern Ireland	is not limited in time) □ dd/mm/yyyy		
End-date of participation.				
Contact details (primary authoriz	ed signatory).	,		
Contact details (primary authoriz	zed signatory):	Mr. 🛛 Ms.		
Last name: Atkinson	zed signatory):	Mr. Ms.		
Last name: Atkinson First name: Ben	zed signatory):	Mr. Ms. Telephone 1: Telephone 2 (optional):		
Last name: Atkinson First name: Ben Email:	zed signatory):	Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional):		
Last name: Atkinson First name: Ben	zed signatory):	Mr. Ms. Telephone 1: Telephone 2 (optional):		
Last name: Atkinson First name: Ben Email:		Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional):		
Last name: Atkinson First name: Ben Email: Specimen signature: Name of entity:		Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional):		
Last name: Atkinson First name: Ben Email: Specimen signature: Name of entity: Kommunalkredit Public Consulting Address: Tuerkenstrasse 9, Vienna A-1092	GmbH	Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional):		
Last name: Atkinson First name: Ben Email: Specimen signature: Name of entity: Kommunalkredit Public Consulting Address: Tuerkenstrasse 9, Vienna A-1092 Austria Party (country authorizing partic	GmbH ipation):	Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional):		
Last name: Atkinson First name: Ben Email: Specimen signature: Name of entity: Kommunalkredit Public Consulting Address: Tuerkenstrasse 9, Vienna A-1092 Austria Party (country authorizing partic Austria	GmbH ipation): ⊠ N/A (participation	Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):		
Last name: Atkinson First name: Ben Email: Specimen signature: Name of entity: Kommunalkredit Public Consulting Address: Tuerkenstrasse 9, Vienna A-1092 Austria Party (country authorizing partic Austria End-date of participation:	GmbH ipation): ⊠ N/A (participation	Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy): is not limited in time) dd/mm/yyyy		

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Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.		
Last name: Diernhofer		Telephone 1:		
First name: Wolfgang		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity:				
Agrinergy Ltd.				
Address:				
Eagle Tower, Montpellier Drive, Cheltenham GL50 1TA United Kingdom of Great Britain and Northern Ireland				
Party (country authorizing participation): Switzerland				
End-date of participation:	\boxtimes N/A (participation is not limited in time) \square dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. 🛛 Ms.		
Last name: Atkinson		Telephone 1:		
First name: Ben		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		