

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 | |
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| Title of the project / programme of activities | Grid connected bagasse based cogeneration project of Ugar Sugar Works Limited (USWL). |
| Project / programme of activities reference number: <i>(if available)</i> | 0189 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: M/s Ugar Sugar Works Limited | |
| Address: Ugar Khurd,Belgaum (Dt), Karnataka 591316 India | |
| Party (country authorizing participation): India | |
| 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: Shirgaoakr | Telephone 1: |
| First name: Rajendra Vinayak | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Carbon Asset Services Sweden AB | |
| Address: Drottninggatan 92-94, Stockholm 111 36 Sweden | |
| Party (country authorizing participation): Sweden | |
| 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: Grufman | Telephone 1: |
| First name: Bjorn | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Carbon Asset Management Sweden AB | |
| Address: Kungsgatan 32, Stockholm 111 35 Sweden | |
| 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: von Zweigbergk | Telephone 1: |
| First name: Niels | Telephone 2 (optional): |

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| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Tekniska Verken | |
| Address: PO Box 1500, Linkoping S-581 15 Sweden | |
| Party (country authorizing participation): Sweden | |
| 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: Carlsson | Telephone 1: |
| First name: Ingvor | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Svenska Cellulosa AB SCA | |
| Address: Box 7827, Stockholm 103 97 Sweden | |
| Party (country authorizing participation): Sweden | |
| 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: Arfvidsson | Telephone 1: |
| First name: Per | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: EDF Trading Limited | |
| Address: 71 High Holbon, London WC1V 6ED United Kingdom of Great Britain and Northern Ireland | |
| Party (country authorizing participation): France | |
| 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: Joubert | Telephone 1: |
| First name: Francois | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |