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	India: Himachal Pradesh Reforestation Project – Improving Livelihoods and Watersheds
Project / programme of activities reference number: *(if available)*	4174

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: M/s HP Mid-Himalayan Watershed Development Project (MHWDP)		
Address: Forest Road, Solan, 173212 Himachal Pradesh 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: Kapoor		Telephone 1:
First name: Raj Kumar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kumar		Telephone 1:
First name: Arvind		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as a trustee for BioCarbon Fund (BioCF)		
Address: 1818 H Street, NW Washington DC 20433 United States of America		
Party (country authorizing participation): Spain		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Chassard		Telephone 1:
First name: Joelle		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Prasad		Telephone 1:
First name: Neeraj		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Kingdom of Spain-Ministry of Environment and Rural and Marine Affairs; Ministry of Economy and Finance		
Address: C/Alcala 92, 28009 Madrid Spain		
Party (country authorizing participation): Spain		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Montalvo		Telephone 1:
First name: Alicia		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Fernandez Garcia		Telephone 1:
First name: Maria Jesus		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):