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	Puerto Chivos Landfill Gas Project
Project / programme of activities reference number: *(if available)*	9686

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: ENERGREEN Atizapán S.A. de C.V.		
Address: Avenue de la Industria #300, 15th local, Col. Veredalta, San Pedro Garza García City, Nuevo León 66270 Mexico		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Abaroa Martinez		Telephone 1:
First name: Mauricio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Guerra Cordero		Telephone 1:
First name: Guillermo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Carbon Solutions de México S.A. de C.V.		
Address: Av. Lázaro Cárdenas, No. 1007 PTE., CEO Building, San Pedro Garza García, Nuevo León 66266 Mexico		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Lanseros Valdes		Telephone 1:
First name: Alfonso		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: CO2 Global Solutions International S.A.		
Address: Claudio Coello,76 Bajo C, Madrid 28001 Spain		

Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Lanseros Valdes		Telephone 1:
First name: Alfonso		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):