

## 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	
<b>Title of the project / programme of activities</b>	PoA for the dissemination of clean cooking technologies in households and communities
<b>Project / programme of activities reference number:</b> (if available)	10703
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> atmosfair gGmbH	
<b>Address:</b> Zossener Strasse 55-58, 10961 Berlin Germany	
<b>Party (country authorizing participation):</b> Germany	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Brockhagen	Telephone 1:
First name: Dietrich	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Burghaus	Telephone 1:
First name: Kerstin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> atmosfair gGmbH	
<b>Address:</b> Zossener Strasse 55-58, 10961 Berlin Germany	
<b>Party (country authorizing participation):</b> Nigeria	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Brockhagen	Telephone 1:
First name: Dietrich	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Burghaus	Telephone 1:

First name: Kerstin		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> atmosfair gGmbH		
<b>Address:</b> Zossener Strasse 55-58, 10961 Berlin Germany		
<b>Party (country authorizing participation):</b> Madagascar		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Brockhagen		Telephone 1:
First name: Dietrich		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Burghaus		Telephone 1:
First name: Kerstin		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):