

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	Fuel Switching of Debal Khazaei Sugarcane Plant
Project / programme of activities reference number: (if available)	4650
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Debal Khazaei Agro Industry Co	
Address: 25th Km Ahwaze Abadan Road Iran (Islamic Republic of)	
Party (country authorizing participation): Iran (Islamic Republic of)	
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: Roozbakhsh Zadeh	Telephone 1:
First name: Mohammad Amin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mehr Renewable Energies Co.	
Address: No. 6 Keyvan Alley, Roundbar Gharbi str. Mirdamad Ave. 1546714511 Teheran Iran (Islamic Republic of)	
Party (country authorizing participation): Iran (Islamic Republic of)	
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: Partovi	Telephone 1:
First name: Adel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Climate Protection Finance AG	
Address: Tellenstr.34, CH-6056 Kagswil/Sarne Switzerland	
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: Rittner	Telephone 1:

First name: Frank	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):