

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

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