

## 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").

| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>   |  |
|---|--|
| <b>Title of the project / programme of activities</b>   | Ethiopia – Clean Cooking Energy Program  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>   | 10268  |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>  |  |
| <b>Name of entity:</b><br>Development Bank of Ethiopia  |  |
| <b>Address:</b><br>P.O. Box 1900<br>Addis Ababa<br>Ethiopia   |  |
| <b>Party (country authorizing participation):</b><br>Ethiopia   |  |
| <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: Hatiya   | Telephone 1:   |
| First name: Tadesse   | 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: Girefie  | Telephone 1:   |
| First name: Yemenzwork  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>International Bank for Reconstruction and Development (IBRD) as Trustee of the Carbon Initiative for Development (Ci-Dev) |  |
| <b>Address:</b><br>1818 H Street,<br>NW<br>20433 Washington<br>United States of America   |  |
| <b>Party (country authorizing participation):</b><br>Sweden   |  |
| <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: Whitehouse   | Telephone 1:   |
| First name: Simon   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |

|                     |                         |
|---------------------|-------------------------|
| Last name: Andreu   | Telephone 1:            |
| First name: Jose    | Telephone 2 (optional): |
| Email:              | Fax (optional):         |
| Specimen signature: | Date (dd/mm/yyyy):      |