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	Piasa Bagasse Cogeneration
Project / programme of activities reference number: *(if available)*	7937

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Solvay Energy Services SAS		
Address: 25 Rue de Clichy, 75009 Paris France		
Party (country authorizing participation): France		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: ROSIER		Telephone 1:
First name: Philippe		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: VISCIGLIO-FAIRBANK		Telephone 1:
First name: Valérie		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Ingenio Tres Valles, S.A. de C.V.		
Address: Km.68 Carretera la tinaja, Tres Valles, CP 95300 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: Hernandez Cardenas		Telephone 1:
First name: Gerardo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Orlando Sierra		Telephone 1:
First name: Rony		Telephone 2 (optional):
Email:		Fax (optional):

Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Piasa Cogeneración, S.A. de C.V.	
Address: Km.68 Carretera la tinaja, Tres Valles, CP 95300 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: Hernandez Cardenas	Telephone 1:
First name: Gerardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Orlando Sierra	Telephone 1:
First name: Rony	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):