

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	Biogas Programme Nicaragua (PBN)
Project / programme of activities reference number: <i>(if available)</i>	6813
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Hivos	
Address: Raamweg 16, Den Haag, 2596 HL Netherlands	
Party (country authorizing participation): Netherlands	
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: Clemens	Telephone 1:
First name: Harry	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Oppenoorth	Telephone 1:
First name: Harrie	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: ProBiogasNicaragua S.C.P.	
Address: De la entrada de Residencial Lomas del Valle, 1 cuadra al oeste y 20 mts. al norte m/d., Managua Nicaragua	
Party (country authorizing participation): Nicaragua	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Blanco	Telephone 1:
First name: Myriam	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):