

## 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                                                                           |                                                                                                                    |
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| <b>Title of the project / programme of activities</b>                                                                            | Flare Gas Recovery in Sarkhoon and Qeshm Gas Treating Company                                                      |
| <b>Project / programme of activities reference number:</b><br>(if available)                                                     | 10144                                                                                                              |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                                |                                                                                                                    |
| <b>Name of entity:</b><br>Sarkhoon and Qeshm Gas Treating Company (SQGC)                                                         |                                                                                                                    |
| <b>Address:</b><br>Km 25 Bandar Abbas-Minab Road,<br>7915999479 Hormozgan province<br>Iran (Islamic Republic of)                 |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>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: Norouzi                                                                                                               | Telephone 1:                                                                                                       |
| First name: Mohammad Hossein                                                                                                     | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                           | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                              | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Research institute of Petroleum Industry                                                               |                                                                                                                    |
| <b>Address:</b><br>West Blvd.,<br>Near Azadi Sports Complex<br>1485733111 Tehran<br>Iran (Islamic Republic of)                   |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>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: Katouzian                                                                                                             | Telephone 1:                                                                                                       |
| First name: Hamidreza                                                                                                            | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                           | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                              | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Mehr Renewable Energies Co. Ltd                                                                        |                                                                                                                    |
| <b>Address:</b><br>No. 4, Unit 11 , 24m Blvd.,<br>Farhang Sq.<br>Sa'adat Abad<br>1998699134 Tehran<br>Iran (Islamic Republic of) |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Iran (Islamic Republic of)                                                  |                                                                                                                    |

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|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <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):                                                                                                 |