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	Emission reduction through partial substitution of fossil fuel with alternative fuels like agricultural by-products, tyres and municipal solid waste (MSW) in the manufacturing of portland cement at Grasim Industries Limited-Cement division South (GIL-CDS), Tamilnadu, India.
Project / programme of activities reference number: *(if available)*	0339

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES

Name of entity:
M/s Grasim Industries Limited-Cement division South (GIL-CDS)

Address:
Maharashtra
400093 Mumbay
India

Party (country authorizing participation):
India

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Shrivastava	Telephone 1:
First name: Umesh Kumar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
KfW

Address:
Palmengartenstrasse 5-9
60325 Frankfurt am Main
Germany

Party (country authorizing participation):
Germany

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Zander	Telephone 1:
First name: Bernhard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
Barclays Bank PLC

Address:
5, The North Colonnade,
Canary Wharf
E144BB London
United Kingdom of Great Britain and Northern Ireland

Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Stone		Telephone 1:
First name: Benjamin		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):