# 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):**<br>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): |