

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	6 MW bundled grid connected Solar Power project at Katol and Bareilly, India
Project / programme of activities reference number: (if available)	6719
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: M/s Priapus Infrastructure Limited	
Address: Priapus Infrastructure Limited, 448-451, Udyog Vihar, Phase-V, Indiabulls House Gurgaon 122001 Haryana India	
Party (country authorizing participation): India	
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: Thakur	Telephone 1:
First name: Ajay	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: Bhatia	Telephone 1:
First name: Amit	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s Sepset Constructions Limited	
Address: Sepset Constructions Limited, 448-451, Udyog Vihar, Phase-V, Indiabulls House Gurgaon 122001 Haryana India	
Party (country authorizing participation): India	
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: Srivastava	Telephone 1:
First name: Amitabh	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: Katiyar	Telephone 1:

First name: Prafull		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: M/s Citra Real Estate Limited		
Address: Citra Real Estate Limited, 448-451, Udyog Vihar, Phase-V, Indiabulls House Gurgaon 122001 Haryana India		
Party (country authorizing participation): India		
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: Panda		Telephone 1:
First name: Ajit		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: Agarwal		Telephone 1:
First name: Arpit		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):