

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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| Title of the project / programme of activities | Fuel Switching of AmirKabir Sugarcane Plant |
| Project / programme of activities reference number: (if available) | 4318 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: AmirKabir Agri Industrial Co. | |
| Address: km 45, Ahvaz - Khorramshahr Road P.O. Box 61365-137 Iran (Islamic Republic of) | |
| Party (country authorizing participation): Iran (Islamic Republic of) | |
| 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: Fathi Markvand | Telephone 1: |
| First name: Mohammad | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Mehr Renewable Energies Co. Ltd. | |
| Address: No. 6, Keyvan alley, Roudbar Gharbi str. Mirdamad ave. 1546714511 Tehran Iran (Islamic Republic of) | |
| Party (country authorizing participation): Iran (Islamic Republic of) | |
| 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: Partovi | Telephone 1: |
| First name: Adel | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Climate Protection Finance AG | |
| Address: Tellenstr. 34 CH-5056 Kagiswil/Sarnen Switzerland | |
| Party (country authorizing participation): Switzerland | |
| 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"/> |

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|---------------------|-------------------------|
| Last name: Rittner | Telephone 1: |
| First name: Frank | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |