

## 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	
<b>Title of the project / programme of activities</b>	Installation of Solar Home Systems in Bangladesh
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	2765
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Infrastructure Development Company Limited ( IDCOL)	
<b>Address:</b> 8 Panthapath, UTC Building, 16th Floor, Kawran Bazar, Dhaka Bangladesh	
<b>Party (country authorizing participation):</b> Bangladesh	
<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: Haque	Telephone 1:
First name: Nazmul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Islam	Telephone 1:
First name: Formanul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> International Bank for Reconstruction and Development as the Trustee of the Community Development Carbon Fund(CDCF)	
<b>Address:</b> 1818 H Street, NW Washington DC 20433 United States of America	
<b>Party (country authorizing participation):</b> Denmark	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Government of Denmark- The Danish Ministry of Climate and Energy/ The Danish Energy Agency	

<b>Address:</b> Amaliegade 44, 1256 Copenhagen Denmark	
<b>Party (country authorizing participation):</b> Denmark	
<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: Malmdorf	Telephone 1:
First name: Torsten Erik	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):