

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	Reducing gas leakages within the Moldovagaz distribution network, Republic of Moldova
Project / programme of activities reference number: (if available)	6194
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Danish Carbon Holding ApS	
Address: Solsbaekvej 80, 9300 Saeby Denmark	
Party (country authorizing participation): Denmark	
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: Larsen	Telephone 1:
First name: Jess	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Moldova-Russian Joint Stock Company Moldovagaz	
Address: Albishoara Street 38, 2005 Chisinau Republic of Moldova	
Party (country authorizing participation): Republic of Moldova	
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: Tonu	Telephone 1:
First name: Valentin Spiridonovich	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Nordjysk Elhandel A/S	
Address: Skelagervej 1, 90000 Aalborg Denmark	
Party (country authorizing participation): Denmark	
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: Andersen	Telephone 1:
First name: Rene Treumer	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: Chmura	Telephone 1:
First name: Kenneth Topgaard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	