

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	Coega IDZ Windfarm
Project / programme of activities reference number: (if available)	8954
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Electrawinds Africa and Indian Ocean Islands (Pty) Ltd	
Address: P.O. BOX 1171 4320 Umhlanga Rocks South Africa	
Party (country authorizing participation): South Africa	
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: Unger	Telephone 1:
First name: Emil	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: CO2logic	
Address: 60A rues des Tanneurs 1000 Brussels Belgium	
Party (country authorizing participation): Belgium	
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: du Monceau	Telephone 1:
First name: Tanguy	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Electrawinds NV	
Address: John Cordierlaan 9 8400 Oostend Belgium	
Party (country authorizing participation): Belgium	
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: Desender	Telephone 1:
First name: Luc	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):