

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	Bokpoort CSP (Concentrating Solar Power) Project, South Africa
Project / programme of activities reference number: <i>(if available)</i>	7841
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Solafrica Thermal Energy (Pty) Ltd	
Address: 2nd Floor, 5 Commerce Square, 39 Rivonia Road, Sandhurst, 2196, Johannesburg 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: Goldblatt	Telephone 1:
First name: Michael	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: Immerman	Telephone 1:
First name: Marc	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: ACWA Power Solafrica Bokpoort CSP Power Plant (Pty) Ltd.	
Address: 1st Floor Block B, Stoneridge Office Park, 8 Greenstone Place, Edenvale, Johannesburg 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: Govender	Telephone 1:
First name: Prabashen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: ACWA Power Africa Holdings (Pty) Ltd	

Address:

1st Floor Block B, Stoneridge Office Park, 8 Greenstone Place, Edenvale, Johannesburg
South Africa

Party (country authorizing participation):

South Africa

End-date of participation:

N/A (participation is not limited in time) dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Govender

Telephone 1:

First name: Prabashen

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):