

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

<b>Address:</b> 1st Floor Block B, Stoneridge Office Park, 8 Greenstone Place, Edenvale,Johannesburg South Africa	
<b>Party (country authorizing participation):</b> South Africa	
<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: Govender	Telephone 1:
First name: Prabashen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):