

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	MicroEnergy Credits – Microfinance for Clean Energy Product Lines - Mongolia
Project / programme of activities reference number: (if available)	8142
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: MicroEnergy Credits	
Address: 1201 Alaskan Way #200 Pier 56 Seattle WA 98101 United States of America	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Allderdice	Telephone 1:
First name: April	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: Dailey	Telephone 1:
First name: James	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: XacBank LLC	
Address: Prime Minister Amar's Street Post Branch 46 , P.O. Box 721 Ulaanbaatar 14200 Mongolia	
Party (country authorizing participation): Mongolia	
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: Usher	Telephone 1:
First name: Isaiah	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: MicroEnergy Credits	

Address:

1201 Alaskan Way #200 Pier 56 Seattle WA 98101
United States of America

Party (country authorizing participation):

Mongolia

End-date of participation:

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

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Allderdice

Telephone 1:

First name: April

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Dailey

Telephone 1:

First name: James

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):