

## 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>  | Distribution of Improved cook stove - Phase 19   |
| <b>Project / programme of activities reference number:</b><br>(if available)                                     | 9505   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Vitol S.A.   |  |
| <b>Address:</b><br>Boulevard du Pont, D'Arve 28, CH 1205, Geneva<br>Switzerland                                  |  |
| <b>Party (country authorizing participation):</b><br>Switzerland   |  |
| <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: Fransen   | Telephone 1:   |
| First name: David  | 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: Dunford   | Telephone 1:   |
| First name: William  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>M/s. G K Energy Marketers Pvt Ltd  |  |
| <b>Address:</b><br>Lokmanya Nagar, LBS Road, Flat No. 350, Building No. 25, Ground Floor, Pune - 411030<br>India |  |
| <b>Party (country authorizing participation):</b><br>India   |  |
| <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: Kabra   | Telephone 1:   |
| First name: Gopal  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |