

## 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").

| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>  |  |
|--|--|
| <b>Title of the project / programme of activities</b>  | Promotion of Energy Efficient Cook Stoves within Southern African Development Community (SADC)                     |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>  | 9780   |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>   |  |
| <b>Name of entity:</b><br>Southern Africa Regional Carbon Facility (SRCF)  |  |
| <b>Address:</b><br>C/o Climate Change Capital, 3 More London Riverside, London SE1 2AQ<br>United Kingdom of Great Britain and Northern Ireland |  |
| <b>Party (country authorizing participation):</b><br>Malawi  |  |
| <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: Gigante   | Telephone 1:   |
| First name: Francois   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Canavan   | Telephone 1:   |
| First name: Karla  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Southern Africa Regional Carbon Facility (SRCF)  |  |
| <b>Address:</b><br>C/o Climate Change Capital, 3 More London Riverside, London SE1 2AQ<br>United Kingdom of Great Britain and Northern Ireland |  |
| <b>Party (country authorizing participation):</b><br>Zambia  |  |
| <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: Gigante   | Telephone 1:   |
| First name: Francois   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Canavan   | Telephone 1:   |
| First name: Karla  | Telephone 2 (optional):  |

|                     |                    |
|---------------------|--------------------|
| Email:              | Fax (optional):    |
| Specimen signature: | Date (dd/mm/yyyy): |