## **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: CD	M PROJECT/PROC	GRAMME OF ACTIVITIES DETAILS	
Title of the project / programme	of activities	Southern African Solar LED Programme	
Project / programme of activities reference number: (if available)		9497	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Tough Stuff International Ltd			
Address: 75 Westminster Bridge Road, Lond United Kingdom of Great Britain ar			
Party (country authorizing partic South Africa	ipation):		
End-date of participation:	☑ N/A (participation)	is not limited in time)	
Contact details (primary authoriz	ed signatory):	Mr. ⊠ Ms. □	
Last name: Tanswell		Telephone 1:	
First name: Andew		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □	
Last name: Green		Telephone 1:	
First name: Colin		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Tough Stuff International Ltd			
Address: 75 Westminster Bridge Road, Lond United Kingdom of Great Britain ar			
Party (country authorizing partic Namibia	ipation):		
End-date of participation:	■ N/A (participation)	is not limited in time) \( \square \text{dd/mm/yyyy} \)	
Contact details (primary authorized signatory):		Mr. ☑ Ms. □	
Last name: Tanswell		Telephone 1:	
First name: Andew		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □	
Last name: Green		Telephone 1:	
First name: Colin		Telephone 2 (optional):	
Email:		Fax (optional):	

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Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Tough Stuff International Ltd				
Address: 75 Westminster Bridge Road, Lond United Kingdom of Great Britain and				
Party (country authorizing participation): Zambia				
End-date of participation:	N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr.⊠ Ms.□		
Last name: Tanswell		Telephone 1:		
First name: Andew		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ⊠ Ms. □		
Last name: Green		Telephone 1:		
First name: Colin		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		