

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	Improved Cookstoves Program for Malawi and cross-border regions of Mozambique
Project / programme of activities reference number: <i>(if available)</i>	9558
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: C-Quest Capital Malaysia Global Stoves Limited (CQC)	
Address: Brumby Centre, Lot 12, Jalan Muhibbah, Labuan 87000 Labuan F.T. Malaysia	
Party (country authorizing participation): Netherlands	
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: Newcombe	Telephone 1:
First name: Kenneth	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Alegre	Telephone 1:
First name: Isabel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Total LandCare (TLC) Malawi	
Address: Area 14, Plot 100, P.O. Box 2440 Lilongwe Malawi	
Party (country authorizing participation): Malawi	
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: Bunderson	Telephone 1:
First name: William Trent	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: Jere	Telephone 1:
First name: Zwide	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):