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	Proactiva Nuevo Laredo landfill-gas-to-energy project
Project / programme of activities reference number: *(if available)*	7733

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Proactiva Medio Ambiente México S.A. de C.V.		
Address: Tomás A. Edison No. 176 - Piso 3, Col. San Rafael, Del. Cuautémoc 06470 México D.F. Mexico		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Ruiz Gines		Telephone 1:
First name: Roberto		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Perez Tapia		Telephone 1:
First name: Alejandro		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Proactiva Medio Ambiente S.A.		
Address: c/ Cardenal Marcelo Spinola 8 - planta 3 28016 Madrid Spain		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Fernandez Garcia		Telephone 1:
First name: Josep		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Roig Peralta		Telephone 1:
First name: Luis		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Veolia Propreté S.A.	
Address: 169, Av. Georges Clemenceau 92735 Nanterre France	
Party (country authorizing participation): Mexico	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Crawford	Telephone 1:
First name: Gary	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):