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	SoWiTec Wind PoA in the Caribbean, Central and South America ("SoWiTec-PoA")
Project / programme of activities reference number: *(if available)*	8964

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: SoWiTec trading GmbH		
Address: Loeherstrasse 24, 72820 Sonnenbuehl Germany		
Party (country authorizing participation): Germany		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Hummel		Telephone 1:
First name: Gerd		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Ziehn		Telephone 1:
First name: Sonja		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: SoWiTec operation GmbH		
Address: Loeherstrasse 24, 72820 Sonnenbuehl Germany		
Party (country authorizing participation): Germany		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Hummel		Telephone 1:
First name: Frank		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: SoWiTec trading GmbH		

Address: Loeherstrasse 24, 72820 Sonnenbuehl Germany	
Party (country authorizing participation): Uruguay	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Hummel	Telephone 1:
First name: Gerd	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Ziehn	Telephone 1:
First name: Sonja	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):