

## 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	
<b>Title of the project / programme of activities</b>	Uganda Nile Basin Reforestation Project No.5
<b>Project / programme of activities reference number:</b> (if available)	4466
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> National Forestry Authority	
<b>Address:</b> Spring Road, Plot 10/20 P. O. Box 70863 Uganda	
<b>Party (country authorizing participation):</b> Uganda	
<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: Akankwasa	Telephone 1:
First name: Damian B.	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund (BioCF)	
<b>Address:</b> 1818 H Street, NW 20433 Washington DC United States of America	
<b>Party (country authorizing participation):</b> Spain	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Prasad	Telephone 1:
First name: Neeraj	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund (BioCF)	

<b>Address:</b> 1818 H Street, NW 20433 Washington DC United States of America	
<b>Party (country authorizing participation):</b> Luxembourg	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Prasad	Telephone 1:
First name: Neeraj	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Name of entity:</b> International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund (BioCF)	
<b>Address:</b> 1818 H Street, NW 20433 Washington DC United States of America	
<b>Party (country authorizing participation):</b> Italy	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Prasad	Telephone 1:
First name: Neeraj	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Name of entity:</b> Government of Italy - Ministry for the Environment, Land and Sea	
<b>Address:</b> Via Cristoforo Colombo 44 00147 Rome Italy	

<b>Party (country authorizing participation):</b> Italy	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Fricano	Telephone 1:
First name: Federica	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):