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	REFORESTATION OF DEGRADED/DEGRADING LAND IN THE CARIBBEAN SAVANNAH OF COLOMBIA
Project / programme of activities reference number: *(if available)*	6301

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES

Name of entity:
Corporación Autónoma Regional de los Valles del Sinú y del San Jorge (CVS), (Environmental Regional Government Agency)

Address:
Calle 29 N 2-43, Edificio Morindo, Monteria
Department of Cordoba
Colombia

Party (country authorizing participation):
Colombia

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Oyola	Telephone 1:
First name: Elder Jose	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
Corporación Colombiana de Investigación Agropecuaria (CORPOICA)

Address:
Km 14 Via Mosquera
Department of Cundinamarca
Colombia

Party (country authorizing participation):
Colombia

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Restrepo Ibiza	Telephone 1:
First name: Juan Lucas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
International Center for Tropical Agriculture (CIAT)

Address:
Km 17 recta Cali-Palmira Palmira
Valle del Cauca
Colombia

Party (country authorizing participation):
Colombia

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Echeverria	Telephone 1:
First name: Ruben	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
International Bank for Reconstruction and Development as Trustee for the BioCarbon Fund

Address:
The World Bank 1818 H Street
20433 NW Washington
United States of America

Party (country authorizing participation):
Canada

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Wang	Telephone 1:
First name: Tao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
Government of Canada - Ministrty of Foreign Affairs and International Trade

Address:
111 Sussex Drive
K1A 0G2 Ottawa, Ontario
Canada

Party (country authorizing participation):
Canada

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Pringle	Telephone 1:
First name: Gary	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):