

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:	<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: 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:	<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: 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:	<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: 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:	<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: Chassard	Telephone 1:	
First name: Joelle	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: Wang	Telephone 1:	
First name: Tao	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Government of Canada - Ministry of Foreign Affairs and International Trade		
Address: 111 Sussex Drive K1A 0G2 Ottawa, Ontario Canada		
Party (country authorizing participation): Canada		
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: Pringle	Telephone 1:	
First name: Gary	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):