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	"LED's save energy"
Project / programme of activities reference number: *(if available)*	7897

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Mabanaft Carbon India Pvt. Ltd.		
Address: Wilhelminakade 101 (43rd Floor), 3072 AP, Rotterdam Netherlands		
Party (country authorizing participation): India		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Savelkoul		Telephone 1:
First name: Alexander		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Aggarwal		Telephone 1:
First name: Guru Parshad		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Mabanaft Carbon B.V.		
Address: Wilhelminakade 101 (43rd Floor), 3072 AP, Rotterdam Netherlands		
Party (country authorizing participation): Netherlands		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Savelkoul		Telephone 1:
First name: Alexander		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Visser		Telephone 1:
First name: Alexander		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Do-inc. business B.V.
Address: Mauritskade 55-d, 1092 AD, Amsterdam Netherlands
Party (country authorizing participation): Netherlands

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Dalenoord	Telephone 1:
First name: Edwin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Eenhoorn	Telephone 1:
First name: Geert-Jan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):