

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	Advanced Energy Solutions for Buildings. Programme of Activities (PoA)
Project / programme of activities reference number: (if available)	9153
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: CES Carbon Services Ltd	
Address: 1 The Seapoint Building,44-45 Clontarf Road, Dublin 3 Ireland	
Party (country authorizing participation): Ireland	
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: Marren	Telephone 1:
First name: Tom	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: CES Carbon Services Ltd	
Address: 1 The Seapoint Building,44-45 Clontarf Road, Dublin 3 Ireland	
Party (country authorizing participation): Saudi Arabia	
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: Marren	Telephone 1:
First name: Tom	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: CES Carbon Services Ltd	
Address: 1 The Seapoint Building,44-45 Clontarf Road, Dublin 3 Ireland	
Party (country authorizing participation): Oman	
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: Marren	Telephone 1:
First name: Tom	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: CES Carbon Services Ltd	
Address: 1 The Seapoint Building, 44-45 Clontarf Road, Dublin 3 Ireland	
Party (country authorizing participation): Egypt	
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: Marren	Telephone 1:
First name: Tom	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):