

## 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>  | Grid connected renewable electricity generation project by SCCPL in Tamil Nadu, India                              |
| <b>Project / programme of activities reference number:</b><br>(if available)                                       | 6974   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>M/s Sreyas Corporate Concepts Private Limited  |  |
| <b>Address:</b><br>Sri Tower, No.30, Bharathidasan Street, Teacher's Colony, Tamil Nadu,<br>638 011 Erode<br>India |  |
| <b>Party (country authorizing participation):</b><br>India   |  |
| <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: Gangadharan   | Telephone 1:   |
| First name: Karthikeyan  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Jayaram   | Telephone 1:   |
| First name: Anandhi  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |