

## 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").

<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project / programme of activities</b>	Zafarana KfW IV Wind Farm Project, Arab Republic of Egypt
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	2742
<b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>	
<b>Name of entity:</b> New and Renewable Energy Authority (NREA)	
<b>Address:</b> Dr. Ibrahim Abu El Naga, St. Ext. Abbass El-Akkad St. Nasr City, Cairo Egypt	
<b>Party (country authorizing participation):</b> Egypt	
<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: Salah El Din	Telephone 1:
First name: Abd El Rahman	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: Goergy Youssef	Telephone 1:
First name: Laila	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> KfW	
<b>Address:</b> Palmengartenstr. 5-9 60431 Frankfurt Germany	
<b>Party (country authorizing participation):</b> Germany	
<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: Durth	Telephone 1:
First name: Rainer	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Suennen	Telephone 1:

First name: Rainer	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):