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").

Title of the project / programme of activities Project / programme of activities reference number: (if available) SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES Name of entity: Bangladesh Bondhu Foundation Address: House #8/12 (1st Floor) Block# B, Lalmatia 1207 Dhaka Bangladesh Party (country authorizing participation): Bangladesh End-date of participation: Mr. Ms. □ Last name: Khalequzzaman Telephone 1: First name: Md Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Mr. □ Mr. □ Ms. □ Telephone 1: First name: Malequzzaman Telephone 2 (optional): First name: Hajong Telephone 1: First name: Hajong Telephone 1: First name: Hajong Telephone 2 (optional): First name: Suchitra Telephone 2 (optional): First name: Hajong Telephone 1: First name: Hajong Telephone 2 (optional): First name: Suchitra Telephone 3 (optional): First name: Suchitra Telephone 2 (optional): First name: Suchitra Telephone 3 (optional):	SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
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Bangladesh Bondhu Foundation Address: House #8/12 (1st Floor) Block# B, Lalmatia 1207 Dhaka Bangladesh Party (country authorizing participation): Bangladesh End-date of participation: Mr. Ms. □ Contact details (primary authorized signatory): Mr. Ms. □ Last name: Khalequzzaman First name: Md Telephone 1: First name: Md Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Ms. □ Contact details (alternate authorized signatory): Mr. □ Ms. □ Last name: Hajong Telephone 1: First name: Suchitra Telephone 2 (optional): Email: Fax (optional):	SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
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Contact details (alternate authorized signatory): Last name: Hajong Telephone 1: First name: Suchitra Telephone 2 (optional): Fax (optional):	Email:		Fax (optional):	
Last name: Hajong Telephone 1: First name: Suchitra Telephone 2 (optional): Email: Fax (optional):	Specimen signature:		Date (dd/mm/yyyy):	
First name: Suchitra Telephone 2 (optional): Email: Fax (optional):	Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒	
Email: Fax (optional):	Last name: Hajong		Telephone 1:	
	First name: Suchitra		Telephone 2 (optional):	
Specimen signature: Date (dd/mm/yyyy):	Email:		Fax (optional):	
	Specimen signature:		Date (dd/mm/yyyy):	