

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 | |
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| Title of the project / programme of activities | CDM Africa Wind and Solar Programme of Activities for South Africa |
| Project / programme of activities reference number: <i>(if available)</i> | 8260 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: CDM Africa Climate Solutions (Pty) Ltd | |
| Address: 83 MacKay, Blairgowrie Randburg 2194 South Africa | |
| Party (country authorizing participation): South Africa | |
| 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: Terblanche | Telephone 1: |
| First name: Ciska | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: van den Berg | Telephone 1: |
| First name: Johan | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: PoA Africa Wind and Solar (Pty) Ltd | |
| Address: 14-13th Street, Parkhurst, 2193 South Africa | |
| Party (country authorizing participation): South Africa | |
| 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: van den Berg | Telephone 1: |
| First name: Johan | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Terblanche | Telephone 1: |
| First name: Ciska | Telephone 2 (optional): |

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