

## 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>	Energy Efficient Stoves Program (EESP)
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	9769
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Standard Bank Plc	
<b>Address:</b> 20 Gresham Street, London EC2V7JE United Kingdom of Great Britain and Northern Ireland	
<b>Party (country authorizing participation):</b> United Kingdom of Great Britain and Northern Ireland	
<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: Sinclair	Telephone 1:
First name: Geoff	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: Botley	Telephone 1:
First name: James	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> World Vision Australia	
<b>Address:</b> 1 Vision Drive, East Burwood, Victoria 3151 Australia	
<b>Party (country authorizing participation):</b> Australia	
<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: Morris	Telephone 1:
First name: Tim	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: Thomson	Telephone 1:
First name: Dean	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> World Vision Ethiopia			
<b>Address:</b> AMCE Bole Road, Woreda 17, Kebele 25 H#518, Addis Ababa Ethiopia			
<b>Party (country authorizing participation):</b> Ethiopia			
<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: Tefera Ayele		Telephone 1:	
First name: Hailu		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: Ajema		Telephone 1:	
First name: Roza Negash		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	