

CDM-MOC-FORM Form: ANNEX 1

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| Date of submission | | 24/11/2011 |
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Uganda Nile Basin Reforestation Project No 1 | |
| 2. Please state project ID Number if available | 4939 | |
| Section 2: List of project participants | | |
| Name of the entity: National Forestry Authority (NFA) | | |
| Party (country that authorised participation): Uganda | | |
| Contact details (primary authorised signatory): | Mr. | |
| Last name: Andrua | Telephone: | |
| First name: Hudson J. | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorised signatory): | | |
| Last name: | Telephone: | |
| First name: | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Name of the entity: International Bank for Reconstruction and Development as the Trustee for the BioCarbon Fund | | |
| Party (country that authorised participation): Italy | | |
| Contact details (primary authorised signatory): | Ms. | |
| Last name: Chassard | Telephone: | |
| First name: Joelle | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorised signatory): | | |
| Last name: | Telephone: | |
| First name: | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |

Name of the entity:

Government of Italy - Ministry of Environment, Land and Sea

Party (country that authorised participation):

Italy

Contact details (primary authorised signatory):

Mr.

Last name:

Clini

Telephone:

First name:

Corrado

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorised signatory):

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature: