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	
Title of the project / programme of activities	OSIL - Waste Heat Recovery Based Captive Power Project
Project / programme of activities reference number: *(if available)*	0515

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: M/s Orissa Sponge Iron & Steel Limited		
Address: Gangadhar Meher Marg, Osil House, Bhubaneswar, Orissa India		
Party (country authorizing participation): India		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Khan		Telephone 1:
First name: M.A.		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: NATIXIS Environnement & Infrastructures		
Address: Cannon Bridge, 25 Dowgate Hill, London EC4R 2YA United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Degouve		Telephone 1:
First name: Karen		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Climate Change Investment I S.A. SICAR		
Address: 5, Rue Jean Monnet, L-2180 Luxembourg Luxembourg		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Turra		Telephone 1:
First name: Mathias		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mercuria Energy Trading SA	
Address: Place du Molard, 4 Geneva 1204 Switzerland	
Party (country authorizing participation): Switzerland	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Steels	Telephone 1:
First name: Jean-Francois	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):