

## 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>                          | Generation of electricity from 4 MW capacity wind mills by Sun-n-Sand Hotels Pvt. Ltd. at Supa, Maharashtra        |
| <b>Project / programme of activities reference number:</b><br>(if available)   | 0559                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                              |                                                                                                                    |
| <b>Name of entity:</b><br>M/s Sun-n-Sand Hotels Pvt. Ltd                       |                                                                                                                    |
| <b>Address:</b><br>Juhu ,39, Juhu Beach, Mumbai, Maharashtra 400 049<br>India  |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>India                     |                                                                                                                    |
| <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: Advani                                                              | Telephone 1:                                                                                                       |
| First name: Rajesh Gul                                                         | Telephone 2 (optional):                                                                                            |
| Email:                                                                         | Fax (optional):                                                                                                    |
| Specimen signature:                                                            | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>KfW                                                  |                                                                                                                    |
| <b>Address:</b><br>Palmengartenstrasse 5-9, Frankfurt am Main 60325<br>Germany |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Germany                   |                                                                                                                    |
| <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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Sittler                                                             | Telephone 1:                                                                                                       |
| First name: Karin                                                              | Telephone 2 (optional):                                                                                            |
| Email:                                                                         | Fax (optional):                                                                                                    |
| Specimen signature:                                                            | Date (dd/mm/yyyy):                                                                                                 |