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		SGCC In-advance Distribution Transformer Replacement CDM Programme		
Project / programme of activities reference number: (if available)		2896		
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES				
Name of entity: State Grid Corporation of China				
Address: No. 86, Xichang'an Avenue, Xicheng District, 100031 Beijing China				
Party (country authorizing participation): China				
End-date of participation:	N/A (participation	is not limited in time)		
Contact details (primary authorize	zed signatory):	Mr. ⋈ Ms. □		
Last name: Lu		Telephone 1:		
First name: Shujun		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: International Bank for Reconstruction and Development (IBRD) acting as trustee of the Spanish Carbon Fund (SCF)				
Address: 1818 H Street, NW Washington DC 20433 United States of America				
Party (country authorizing participation): Spain				
End-date of participation:	N/A (participation	is not limited in time)		
Contact details (primary authorize	zed signatory):	Mr. ☐ Ms. ☒		
Last name: Chassard		Telephone 1:		
First name: Joelle		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □		
Last name: Prasad		Telephone 1:		
First name: Neeraj		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity:				
Kingdom of Spain-Ministry of Environment and Rural and Marine Affairs; Ministry of Economy and Finance				

Address: C/Alcala 92, 28009 Madrid Spain		
Party (country authorizing par Spain	ticipation):	
End-date of participation:	✓ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Montalvo		Telephone 1:
First name: Alicia		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☑ Ms. □
Last name: Garcia Andres		Telephone 1:
First name: Gonzalo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):