## **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		Programme for Promotion of Access to Domestic Biogas in Rural Bangladesh	
Project / programme of activities reference number: (if available)		9992	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Infrastructure Development Compa	ny Limited		
Address: UTC Building, 16th Floor,8 Pantha Bangladesh	path, Kawran Bazar,Dhal	ka 1215	
Party (country authorizing partic Bangladesh	ipation):		
End-date of participation:	■ N/A (participation	is not limited in time)	
Contact details (primary authoriz	zed signatory):	Mr.⊠ Ms.□	
Last name: Malik		Telephone 1:	
First name: Mahmood		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□	
Last name: Tazdik		Telephone 1:	
First name: Junaed		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: PEAR Carbon Offset Initiative, Ltd.			
Address: RATIO 1002,Tsukiji 1-10-11,Chuo Japan	-ku, Tokyo 104-0045		
Party (country authorizing partic Japan	ipation):		
End-date of participation:	■ N/A (participation	is not limited in time)	
Contact details (primary authorized signatory):		Mr.⊠ Ms.□	
Last name: Matsuo		Telephone 1:	
First name: Naoki		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Grameen Shakti			

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Address: Grameen Bank Bhaban (19th Floor), Mirpur-2, Dhaka 1216 Bangladesh			
Party (country authorizing participation): Bangladesh			
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □	
Last name: Kamal		Telephone 1:	
First name: Abser		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	