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: (<i>if available</i>)		9992		
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES				
Name of entity: Infrastructure Development Company Limited				
Address: UTC Building, 16th Floor,8 Panthapath, Kawran Bazar,Dhaka 1215 Bangladesh				
Party (country authorizing participation): Bangladesh				
End-date of participation:	N/A (participation i	s not limited in time) dd/mm/yyyy		
Contact details (primary authoriz	ed 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-ku, Tokyo 104-0045 Japan				
Party (country authorizing participation): Japan				
End-date of participation:	N/A (participation i	s not limited in time) dd/mm/yyyy		
Contact details (primary authoriz	ed 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				

Address: Grameen Bank Bhaban (19th Floor), Mirpur-2, Dhaka 1216 Bangladesh			
Party (country authorizing participation): Bangladesh			
End-date of participation:	\boxtimes N/A (participation is not limited in time) \square 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):	