

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:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kamal	Telephone 1:
First name: Abser	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):