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	Bundled Street Lighting Energy Efficiency Projects implemented by AEL in India
Project / programme of activities reference number: *(if available)*	8415

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: M/s Asian Electronics Limited		
Address: D-11, Road No. 28, Wagle Industrial Estate, Thane, 400 604 India		
Party (country authorizing participation): India		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Shah		Telephone 1:
First name: Arun B.		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Community Development Carbon Fund (CDCF)		
Address: The World Bank 1818 H Street, NW Washington DC, United States of America		
Party (country authorizing participation): Netherlands		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized 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: Wang		Telephone 1:
First name: Tao		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Netherlands' Ministry of Infrastructure and the Environment (IenM)		

Address: Plesmanweg 1-6, 2597 JG, P.O. Box 20191, 2500 EX, The Hague Netherlands	
Party (country authorizing participation): Netherlands	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Goote	Telephone 1:
First name: Maas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):