

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	SKG Sangha Biodigester PoA
Project / programme of activities reference number: (if available)	9507
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: SKG Sangha	
Address: Mandara, 3rd Main Road, Muneswara Nagar, 563101 Kolar India	
Party (country authorizing participation): India	
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: Devabhaktuni	Telephone 1:
First name: Vidya Sagar	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: Kudaravalli	Telephone 1:
First name: Kiran Kumar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Foundation myclimate - The Climate Protection Partnership	
Address: Pfingstweidstrasse 10 8005 Zürich Switzerland	
Party (country authorizing participation): Switzerland	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Heidenreich	Telephone 1:
First name: Franziska	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Estermann	Telephone 1:

First name: Rene	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):