

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	Aberdare Range/ Mt. Kenya Small Scale Reforestation Initiative Kibaranyeki Small Scale A/R Project
Project / programme of activities reference number: (if available)	5585
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Green Belt Movement	
Address: Adams Arcade, Kilimani Lane off Elgeyo Marakwet road, P.O. Box 67545-00200 Nairobi Kenya	
Party (country authorizing participation): Kenya	
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: Kimani	Telephone 1:
First name: Benjamin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development as a Trustee of the World Bank Group for the BioCarbon Fund	
Address: 1818 H Street, NW Washington DC 20433 United States of America	
Party (country authorizing participation): Canada	
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: Chassard	Telephone 1:
First name: Joelle	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: Wang	Telephone 1:
First name: Tao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Government of Canada – Ministry of Foreign Affairs and International Trade	

Address: 111 Sussex Drive, K1A0G2 Ottawa, Ontario Canada	
Party (country authorizing participation): Canada	
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: Pringle	Telephone 1:
First name: Gary	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):