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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ 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: 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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Pringle	Telephone 1:
First name: Gary	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):