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	Land Filling and Processing Services for Southern Zone in Cairo
Project / programme of activities reference number: *(if available)*	6039

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: The Egyptian Company for Solid Waste Recycling		
Address: Block No. 12013- District No. 5,1st Industrial Zone, Street 116, El Obour City, Cairo Egypt		
Party (country authorizing participation): Egypt		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Sherif		Telephone 1:
First name: Hisham		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development as Trustee of the Carbon Fund for Europe		
Address: 1818 H Street, 20433 NW Washington DC United States of America		
Party (country authorizing participation): Portugal		
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 Portugal - Portuguese Carbon Fund		

Address: Rua da Muergueira, 9/9A, Apartado 7586, Zambujal, Alfragide, 2611-865 Amadora Portugal	
Party (country authorizing participation): Portugal	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Lacasta	Telephone 1:
First name: Nuno	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Rodrigues	Telephone 1:
First name: Ana Paula	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):