

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	Programme of Activities for Local Improved Cookstoves in West Africa
Project / programme of activities reference number: <i>(if available)</i>	9941
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Group on Environment, Renewable and Solidarity (GERES)	
Address: 2 cours du Marechal Foch, 13400 Aubagne France	
Party (country authorizing participation): Mali	
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: Gavaldao	Telephone 1:
First name: Marina	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: Francois	Telephone 1:
First name: Yann	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Group on Environment, Renewable and Solidarity (GERES)	
Address: 2 cours du Marechal Foch, 13400 Aubagne France	
Party (country authorizing participation): Benin	
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: Gavaldao	Telephone 1:
First name: Marina	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: Francois	Telephone 1:
First name: Yann	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):