

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	Ciudad Juarez Landfill Gas to Energy Project
Project / programme of activities reference number: (if available)	1123
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Biogas de Juarez S.A de C.V	
Address: Periferico Ortiz Mena #3403, Col. Quintas del Sol Ciudad Juarez 31250 Chihuahua Mexico	
Party (country authorizing participation): Mexico	
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: Quiroz Cruz	Telephone 1:
First name: Ezequiel Joaquin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Japan Carbon Finance, Ltd.	
Address: 1-3 Kudankita 4-chome Hieikudankita Building Chiyoda-ku 102-0073 Tokyo Japan	
Party (country authorizing participation): Mexico	
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: Sawano	Telephone 1:
First name: Hideki	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Japan Carbon Finance, Ltd.	
Address: 1-3 Kudankita 4-chome Hieikudankita Building Chiyoda-ku 102-0073 Tokyo Japan	

Party (country authorizing participation): Japan	
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: Sawano	Telephone 1:
First name: Hideki	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):