

## 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	
<b>Title of the project / programme of activities</b>	Tunisia: Sidi Daoud Wind Farm Project
<b>Project / programme of activities reference number:</b> (if available)	7796
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Societe Tunisienne de l'Electricite et du Gaz (STEG)	
<b>Address:</b> 38 Rue Kemal Ataturk, BP 190 / 1080 Tunis Cedex, Tunis Tunisia	
<b>Party (country authorizing participation):</b> Tunisia	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Harrabi	Telephone 1:
First name: Moncef	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Cherif	Telephone 1:
First name: Samir	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> International Bank for Reconstruction and Development as Trustee of the Spanish Carbon Fund (SCF)	
<b>Address:</b> The World Bank, 1818 H Street, NW, 20433 Washington DC United States of America	
<b>Party (country authorizing participation):</b> Spain	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	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):
<b>Contact details (alternate authorized signatory):</b>	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):
<b>Name of entity:</b> Kingdom of Spain - Ministry of Agriculture, Food and Environment		
<b>Address:</b> C/ Alcala 92, 28009 Madrid Spain		
<b>Party (country authorizing participation):</b> Spain		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Magro Andrade	Telephone 1:	
First name: Susana	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Kingdom of Spain - Ministry of Economy and Competitiveness		
<b>Address:</b> Paseo de la Castellana 162, 28071 Madrid Spain		
<b>Party (country authorizing participation):</b> Spain		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Soler Vera	Telephone 1:	
First name: Alberto	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):