# 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** | North West, KwaZulu-Natal & Eastern Cape CFL Replacement Project (2) in South Africa |
| **Project / programme of activities reference number:** *(if available)* | 7356 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Eskom Holdings SOC Limited | | |
| **Address:** Mega Watt Park, Maxwell Drive, Sunninghill, Sandton, Johannesburg South Africa | | |
| **Party (country authorizing participation):** South Africa | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Lennon | | Telephone 1: |
| First name: Stephen John | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☐ Ms. ☒ |
| Last name: Rambharos | | Telephone 1: |
| First name: Mandy | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** BNP Paribas | | |
| **Address:** 10 Harewood Avenue, NW1 6AA London United Kingdom of Great Britain and Northern Ireland | | |
| **Party (country authorizing participation):** France | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Carre | | Telephone 1: |
| First name: Francois | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Rosai | | Telephone 1: |

| | |
|---|---|
| First name: John | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |