

## 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>   | Niger Acacia Senegal Plantation Project  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>   | 9708   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>Achats Services International (ASI)   |  |
| <b>Address:</b><br>48, avenue de la Liberté<br>B.P. 12014<br>Niamey<br>Niger  |  |
| <b>Party (country authorizing participation):</b><br>Niger  |  |
| <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: Wankoye  | Telephone 1:   |
| First name: Boureima  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>International Bank of Reconstruction and Development (IBRD) as Trustee of the Bio Carbon Fund (BioCF) |  |
| <b>Address:</b><br>1818H St<br>District of Colombia<br>20433 Washington D.C.<br>United States of America                        |  |
| <b>Party (country authorizing participation):</b><br>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: TAO  | Telephone 1:   |
| First name: Wang  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |