

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	Bujagali Hydropower Project
Project / programme of activities reference number: (if available)	4217
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Bujagali Energy Limited	
Address: P. O. Box 186,8 kms Kayunga Road, Kikubamutwe, Jinja Uganda	
Party (country authorizing participation): Uganda	
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: McGowan	Telephone 1:
First name: James	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: DeLeo	Telephone 1:
First name: Thomas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Bujagali Energy Limited	
Address: P.O. Box 186,8 kms Kayunga Road, Kikubamutwe, Jinja Uganda	
Party (country authorizing participation): Netherlands	
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: McGowan	Telephone 1:
First name: James	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: DeLeo	Telephone 1:
First name: Thomas	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Government of Uganda, Ministry of Energy and Mineral Development			
Address: Amber House, P.O. Box 7270, Kampala Uganda			
Party (country authorizing participation): Uganda			
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: Kabagambe-Kaliisa		Telephone 1:	
First name: F.A.		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	