

## 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>                                   | Reforestation of croplands and grasslands in low income communities of Paraguari Department, Paraguay              |
| <b>Project / programme of activities reference number:</b><br>(if available)            | 2694   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                       |  |
| <b>Name of entity:</b><br>Japan International Research Center for Agricultural Sciences |  |
| <b>Address:</b><br>1-1 Ohwashi<br>305-8686 Tsukuba<br>Japan                             |  |
| <b>Party (country authorizing participation):</b><br>Japan                              |  |
| <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: Matsubara  | Telephone 1:   |
| First name: Eiji  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Instituto Forestal Nacional                                   |  |
| <b>Address:</b><br>Ruta Mariscal Estigarribia Km 10,5<br>San Lorenzo<br>Paraguay        |  |
| <b>Party (country authorizing participation):</b><br>Paraguay                           |  |
| <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: Noguera  | Telephone 1:   |
| First name: Marcos Daniel   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |