

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	Efficiency Improvement by Boiler Rehabilitation in fossil fuel-fired (Natural Gas) Steam Boiler System
Project / programme of activities reference number: <i>(if available)</i>	10006
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Al Jubail Fertilizer Company (Al Bayroni)	
Address: 10046, Madinat Al-Jubail-Sinaiyah 31961 Saudi Arabia	
Party (country authorizing participation): Saudi Arabia	
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: Al-Shamrani	Telephone 1:
First name: Abdullah	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: Al Anazi	Telephone 1:
First name: Ali	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Saudi Basic Industries Corporation (SABIC)	
Address: P.O. Box 5101, Riyadh 11422 Saudi Arabia	
Party (country authorizing participation): Saudi Arabia	
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: Al Hazmi	Telephone 1:
First name: Ahmed	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: Israfilof	Telephone 1:
First name: Zaour	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):