

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	Gas Flare Recovery at Suez Oil Processing Company, Egypt
Project / programme of activities reference number: (if available)	9516
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Abu Dhabi Future Energy Company PJSC	
Address: Masdar, PO 54115, opp presidential flights, Khalifa City A, Abu Dhabi United Arab Emirates	
Party (country authorizing participation): United Arab Emirates	
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 Lamki	Telephone 1:
First name: Bader	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 Awadi	Telephone 1:
First name: Ahmed	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Suez Oil Processing Company	
Address: P.O.Box 100, Suez-Salah Nessim St, El-Zayteya, Suez Egypt	
Party (country authorizing participation): Egypt	
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: Oraby	Telephone 1:
First name: Mohamed	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):