

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	Partial Fuel Switching to Agricultural Wastes, Sewage Sludge & Refuse Derived Fuel (RDF) at Helwan cement plant
Project / programme of activities reference number: (if available)	9114
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Helwan Cement Company S.A.E.	
Address: Km 30 - Maadi\Ein Sokhna Road - Kattameya 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: Burchielli	Telephone 1:
First name: Fabio	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: Aymen	Telephone 1:
First name: Mohamed	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Italcementi S.p.A.	
Address: Via Camozzi 124, Bergamo 24121 Italy	
Party (country authorizing participation): Italy	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Ojan	Telephone 1:
First name: Manuela	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: Gardi	Telephone 1:
First name: Stefano	Telephone 2 (optional):

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