

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	Kenya Solar Lighting CDM Programme of Activities
Project / programme of activities reference number: <i>(if available)</i>	10515
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Rural Electrification and Renewable Energy Corporation (REREC)	
Address: P.O. Box 34585 00100 Nairobi Kenya	
Party (country authorizing participation): Kenya	
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: Mbugua	Telephone 1:
First name: Peter	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: Gakunju	Telephone 1:
First name: Edward	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as trustee of the Carbon Initiative for Development (Ci-Dev)	
Address: 1818 H Street, N.W. 20433 Washington D.C. United States of America	
Party (country authorizing participation): Sweden	
End-date of participation:	<input type="checkbox"/> N/A (participation is not limited in time) <input checked="" type="checkbox"/> 31/12/2026
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Radack	Telephone 1:
First name: Daniel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Meijer	Telephone 1:

First name: Siet	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):