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	01 million Compact Fluorescent Lamps (EVN-2010) Project in Vietnam
Project / programme of activities reference number: *(if available)*	6236

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: EDF Trading Limited		
Address: 80, Victoria Street, Cardinal Place, SW1E5JL London United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Joubert		Telephone 1:
First name: Francois		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Vietnam Electricity		
Address: No. 18 Tran Nguyen Han Street, Hoan Kiem District, Hanoi Viet Nam		
Party (country authorizing participation): Viet Nam		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Nguyen		Telephone 1:
First name: Tan Loc		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Bui		Telephone 1:
First name: Thuy Quynh		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EVN Finance Joint Stock Company		

Address: Level 6,7 & 9-434 Tran Khat Chan, Hanoi Viet Nam	
Party (country authorizing participation): Viet Nam	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☐ Ms.☒
Last name: Cao	Telephone 1:
First name: Thi Thu Ha	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms.☒
Last name: Dang	Telephone 1:
First name: Thi Hong Hai	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):