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		Generation of Electricity through combustion of waste gases from Blast furnace and Corex units at JSW Steel Limited (in JPL unit 1), at Torangallu in Karnataka, India		
Project / programme of activities reference number: <i>(if available)</i>		0325		
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES				
Name of entity: M/s JSW Steel Limited				
Address: Jindal Mansion, 5-A , G.Deshmukh Marg, Mumbai 400026 India				
Party (country authorizing participation): India				
End-date of participation:	▶ N/A (participation i	s not limited in time) dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. 🛛 Ms.		
Last name: Iyer		Telephone 1:		
First name: Suresh		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Noble Europe Limited				
Address: 33, Cavendish Square, London, W1GOPW 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 authoriz	zed signatory):	Mr. 🛛 Ms. 🗌		
Last name: Bingham		Telephone 1:		
First name: Andrew		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
Name of entity: EDF trading Limited				
Address: 71, High Holborn, London, WC1V6ED 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 i	s not limited in time) 🔲 dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. 🛛 Ms. 🗖		
Last name: Meyrick		Telephone 1:		

CDM-MOC-FORM

First name: Mark Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Name of entity: Name of entity: Noble Carbon Credits Limited Image: Specimen signature: Date (dd/mm/yyyy): Address: 13, Gilford Road, 1st Floor, Gilford Hall, Sandymount, Dublin 4 Ireland Party (country authorizing participation): Image: Specimen Signature: Image: Specimen Signature: End-date of participation: Image: Specimen Signature: Mr. Image: Ms. Specimen Signature: Image: Specimen Signature: Contact details (primary authorized signatory): Mr. Image: Ms. Specimen Signature: Telephone 1: First name: Thorsten Telephone 2 (optional): Image: Specimen Signature: Date (dd/mm/yyyy): Specimen signature: Fax (optional): Specimen Signature: Date (dd/mm/yyyy): Name of entity: Mr. Marg, Mumbai 400026 Specimen Signature: Specimen Signature: Specimen Signature: Party (country authorizing participation: Specimen Signature: Specimen Signature: Specimen Signature: Specimen Signature: Switzerland Specimen Signature: Specimen Signature: Specimen Signature: Specimen Signatur			
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	First name: Suresh		Telephone 2 (optional):
Specimen signature: Date (dd/mm/yyyy):	Email:		Fax (optional):
	Specimen signature:		Date (dd/mm/yyyy):