

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	Frio Industrias Argentinas S.A ("FIASA") Hydro-fluorocarbon 23 ("HFC23") Capture, Storage and Decomposition Project
Project / programme of activities reference number: (if available)	0807
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Frio Industrias Argentinas S.A.	
Address: Ruta no. 6, Km no.4.5,Rio Tercero, Provincia de Cordoba 5850 Argentina	
Party (country authorizing participation): Argentina	
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: Silva	Telephone 1:
First name: Alfonso Salvador	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Comercio Internacional Proserdi, S.L.	
Address: Paseo de Gracia No. 103, 1st, Barcelona Spain	
Party (country authorizing participation): Spain	
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: Silva	Telephone 1:
First name: Alfonso Salvador	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Endesa Generacion, S.A.	
Address: Ribeira del Loira, 60, Madrid 28042 Spain	
Party (country authorizing participation): Spain	
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: Abadia Ibanez	Telephone 1:

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