

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	Installation of Bundled Composting Project in the state of Tamil Nadu
Project / programme of activities reference number: (if available)	2867
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund	
Address: 6 ADB Avenue, Mandaluyong City 1550 Philippines	
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: Yao	Telephone 1:
First name: Xianbin	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: Locsin	Telephone 1:
First name: Ma. Carmela	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s Integrated Waste Management & Urban Services Company (Tamil Nadu) Private Limited	
Address: Anna Salai, Karumuttu Centre, 498, South Wing, 3rd Floor 600035 Chennai, Tamil Nadu India	
Party (country authorizing participation): India	
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: Kumar	Telephone 1:
First name: Senthil	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: Ravikumar	Telephone 1:
First name: Lakshminarasimhan	Telephone 2 (optional):

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