

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	Wind Energy Project in Dewas, Madhya Pradesh (India)
Project / programme of activities reference number: <i>(if available)</i>	5863
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: M/s Cepeco Industries Pvt. Ltd.	
Address: 8, Balaji Estate, Guru Ravi Dass Marg, Kalka Ji, 110019 New Delhi 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: Aggarwal	Telephone 1:
First name: Rohit	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: Aggarwal	Telephone 1:
First name: Ram Nath	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s Enercon (India) Power Development Pvt. Ltd.	
Address: Enercon Tower, A-9, Veera Industrial Estate, Veera Desai Road, Andheri West, Maharashtra, 400053 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: Mehra	Telephone 1:
First name: Yogesh	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: Mehra	Telephone 1:
First name: Ajay	Telephone 2 (optional):

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