

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 | |
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| 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): |

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