

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	N2O and NOX Abatement Project at KIMA Fertilizer Plant in Aswan (Egypt)
Project / programme of activities reference number: (if available)	8668
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Egyptian Chemical Industries KIMA ASWAN	
Address: KIMA Site, P.O. Box 81514 Aswan Aswan Egypt	
Party (country authorizing participation): Egypt	
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: El Hout	Telephone 1:
First name: Eid	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: El Haggat	Telephone 1:
First name: Mamdouh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: First Climate (Switzerland) AG	
Address: Stauffacherstrasse 45 8004 Zurich Switzerland	
Party (country authorizing participation): Switzerland	
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: Brodmann	Telephone 1:
First name: Urs	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: Luchinger	Telephone 1:

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