

## 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  |  |
|---|--|
| <b>Title of the project / programme of activities</b>   | CDM Sustainable Energy Programme   |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>             | 10124  |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>The SEM Fund  |  |
| <b>Address:</b><br>Liberte 6, Extension Nord, VDN, No 31<br>BP 38418 Dakar<br>Senegal           |  |
| <b>Party (country authorizing participation):</b><br>Senegal                                    |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Bell   | Telephone 1:   |
| First name: Samuel  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Fay  | Telephone 1:   |
| First name: John  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Stiftung "Zukunft des Kohlenstoffmarktes"                             |  |
| <b>Address:</b><br>c/o KfW, LGc3, Palmengartenstrasse 5-9<br>60325 Frankfurt am Main<br>Germany |  |
| <b>Party (country authorizing participation):</b><br>Germany                                    |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Ahlberg  | Telephone 1:   |
| First name: Malin   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Forth  | Telephone 1:   |
| First name: Thomas  | Telephone 2 (optional):  |

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| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Shared Value Africa Limited                                     |  |
| <b>Address:</b><br>Post net 800, Private Bag E891,<br>Mandahill<br>10101 Lusaka<br>Zambia |  |
| <b>Party (country authorizing participation):</b><br>Zambia                               |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                    | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Fay  | Telephone 1:   |
| First name: John  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Vitalite Zambia Limited   |  |
| <b>Address:</b><br>25 Joseph Mwilwa Rd,<br>Rhodespark<br>10101 Lusaka<br>Zambia           |  |
| <b>Party (country authorizing participation):</b><br>Norway                               |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                    | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Bell   | Telephone 1:   |
| First name: Samuel  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>                                  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Roine  | Telephone 1:   |
| First name: Kjetil  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |