## **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                     |   | Enercon Wind Farms in Karnataka Bundled Project – 30.40 MW |
| Project / programme of activities reference number: (if available) |   | 1291   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                  |   |  |
| Name of entity: M/s Enercon (India) Limited                        |   |  |
| Address: Enercon Towers, A-9, Veera Indus India                    | trial Estate, Veera Desai I                             | Road, Andheri (West), Mumbai, Maharashtra 400 053          |
| Party (country authorizing parti<br>India                          | cipation):  |  |
| End-date of participation:   | N/A (participation is not limited in time) ☐ dd/mm/yyyy |  |
| Contact details (primary author                                    | ized signatory):  | Mr. ⊠ Ms. □  |
| Last name: Raghavan  |   | Telephone 1:   |
| First name: A. V.  |   | Telephone 2 (optional):                                    |
| Email:   |   | Fax (optional):  |
| Specimen signature:  |   | Date (dd/mm/yyyy):   |
| Name of entity: Japan Carbon Finance Ltd.                          |   |  |
| Address:<br>6th Floor, 1-3 Kundankita, 4-Chro<br>Japan             | me, Chiyoda-ku, Tokyo 1                                 | 02-0073  |
| Party (country authorizing parti<br>Japan                          | icipation):   |  |
| End-date of participation:   | N/A (participation                                      | is not limited in time)                                    |
| Contact details (primary authorized signatory):                    |   | Mr. ⊠ Ms. □  |
| Last name: Watanabe  |   | Telephone 1:   |
| First name: Shozo  |   | Telephone 2 (optional):                                    |
| Email:   |   | Fax (optional):  |
| Specimen signature:  |   | Date (dd/mm/yyyy):   |
|  |   |  |