

## 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>	Enersa Cogeneration Project
<b>Project / programme of activities reference number:</b> (if available)	9386
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Corporación Andina de Fomento - CAF, acting in the benefit of IenM	
<b>Address:</b> Carrera 9 No. 76 - 49 Piso 7 Bogota Colombia	
<b>Party (country authorizing participation):</b> Colombia	
<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: Gomez	Telephone 1:
First name: Mary	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: Rojas	Telephone 1:
First name: Camilo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Energía Renovable S.A. de C. V.	
<b>Address:</b> Urbanización La Cumbre, 1ra Ave., 3ra Calle, Bloque "E", Tegucigalpa, Francisco Morazán Honduras	
<b>Party (country authorizing participation):</b> Honduras	
<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: Otero	Telephone 1:
First name: Claudio	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: Carcamo	Telephone 1:
First name: Jose Cecilio	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Netherlands' Ministry of Infrastructure and the Environment ("IenM")			
<b>Address:</b> Plesmanweg 1-6, 2597 JG, The Hague, P.O.Box 20901, 2500 EX Netherlands			
<b>Party (country authorizing participation):</b> Netherlands			
<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: Goote		Telephone 1:	
First name: Maas		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	