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	Carbon Sequestration in Small and Medium Farms in the Brunca Region, Costa Rica (COOPEAGRI Project)
Project / programme of activities reference number: *(if available)*	7572

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: National Forestry Financing Fund (FONAFIFO)		
Address: Avenida 7, Calles 5 y 3, 594-210, San Jose Costa Rica		
Party (country authorizing participation): Costa Rica		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Rodriguez Zuniga		Telephone 1:
First name: Jorge Mario		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Government of Canada - Ministry of Foreign Affairs and International Trade		
Address: 111 Sussex Drive, Ottawa, Ontario, K1A 0G2 Canada		
Party (country authorizing participation): Canada		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Pringle		Telephone 1:
First name: Gary		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development as Trustee for the BioCarbon Fund		
Address: The World Bank, 1818 H Street, NW, 20433 Washington DC Canada		
Party (country authorizing participation): Canada		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒

Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Wang	Telephone 1:
First name: Tao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):