

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	Republic Cement Corporation – Teresa Plant Waste Heat Recovery Project
Project / programme of activities reference number: (if available)	4329
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Republic Cement Corporation	
Address: 25th Floor, The Salcedo Tower, HV dela Costa St., Salcedo Village Makati City Philippines	
Party (country authorizing participation): Philippines	
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: Sunico	Telephone 1:
First name: Renato	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Nitorreda	Telephone 1:
First name: Ma. Ruby Sarah	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Lafarge SA	
Address: 61 rue des Belles Feuilles BP40, 75782 Paris France	
Party (country authorizing participation): France	
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: Cadero	Telephone 1:
First name: Gaetan	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: Mages	Telephone 1:

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