

## 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>                                                            | Avoidance of HFC-134a emissions in rigid Poly Urethane Foam (PUF) manufacturing by Acme TelePower Limited (ATPL)   |
| <b>Project / programme of activities reference number:</b><br>(if available)                                     | 2790                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                |                                                                                                                    |
| <b>Name of entity:</b><br>M/s Acme Tele Power Limited (ATPL)                                                     |                                                                                                                    |
| <b>Address:</b><br>DLF Cyber City, 9th Floor, Building C, DLF Infinity Tower<br>122022 Gurgaon, Haryana<br>India |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>India                                                       |                                                                                                                    |
| <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: Kashyap                                                                                               | Telephone 1:                                                                                                       |
| First name: Sandeep                                                                                              | 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: Goyal                                                                                                 | Telephone 1:                                                                                                       |
| First name: Radheshyam                                                                                           | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                           | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                              | Date (dd/mm/yyyy):                                                                                                 |