# 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** | Essaouira wind power project |
| **Project / programme of activities reference number:** *(if available)* | 0030 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Office Nationale d'Electricite | | |
| **Address:** 65, Rue Othman Ibn Affan 20 000 Casablanca Morocco | | |
| **Party (country authorizing participation):** Morocco | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Nakkouch | | Telephone 1: |
| First name: Ahmed | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** European Carbon Fund | | |
| **Address:** 26 28 rue Neuve Tolbiac 75 658 Paris Cedex 13 France | | |
| **Party (country authorizing participation):** France | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Germa | | Telephone 1: |
| First name: Philippe | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** European Carbon Fund | | |
| **Address:** 26 28 rue Neuve Tolbiac 75 658 Paris Cedex 13 France | | |
| **Party (country authorizing participation):** Switzerland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |

| | |
|---|---|
| Last name: Germa | Telephone 1: |
| First name: Philippe | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |