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	Macedonian SHPP Bundle III
Project / programme of activities reference number: *(if available)*	9409

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Camco Carbon Limited		
Address: Channel House, Green Street, St. Helier, Jersey JE2 4UH United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Houston		Telephone 1:
First name: Arthur		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Ludlow		Telephone 1:
First name: Graeme		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EMK DOOEL Mali hidroelektrani		
Address: Bul. Jane Sandanski 113/12, 1000 Skopje North Macedonia		
Party (country authorizing participation): North Macedonia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Celeski		Telephone 1:
First name: Samoil		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Fras		Telephone 1:
First name: Danilo		Telephone 2 (optional):
Email:		Fax (optional):

Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Hydro Energy Group, DOO	
Address: Romanija str. nn, PF 578, 1000 Skopje North Macedonia	
Party (country authorizing participation): North Macedonia	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Sterjoski	Telephone 1:
First name: Gjoko	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Georgiev	Telephone 1:
First name: Vanco	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):