

## 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>	India Wind Energy Programme of Activities
<b>Project / programme of activities reference number:</b> (if available)	8734
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Mabanaft Carbon India Pvt. Ltd.	
<b>Address:</b> Wilhelminakade 101 (43rd Floor) 3072AP Rotterdam Netherlands	
<b>Party (country authorizing participation):</b> 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: Savelkoul	Telephone 1:
First name: Alexander	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: Aggarwal	Telephone 1:
First name: Guru Parshad	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Mabanaft Carbon B.V.	
<b>Address:</b> Wilhelminakade 101 (43rd Floor) 3072AP Rotterdam Netherlands	
<b>Party (country authorizing participation):</b> Netherlands	
<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: Savelkoul	Telephone 1:
First name: Alexander	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: Visser	Telephone 1:
First name: Alexander	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):