

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 | Paradigm Sub Saharan Africa Cook Stove Programme |
| Project / programme of activities reference number: <i>(if available)</i> | 9672 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: The Paradigm Project | |
| Address: 619 N Cascade Ave, Colorado Springs United States of America | |
| Party (country authorizing participation): Ethiopia | |
| 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: Bellefeuille | Telephone 1: |
| First name: Neil | 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: Matocha | Telephone 1: |
| First name: Johanna | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: The Paradigm Project | |
| Address: 619 N Cascade Ave, Colorado Springs United States of America | |
| Party (country authorizing participation): Rwanda | |
| 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: Bellefeuille | Telephone 1: |
| First name: Neil | 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: Matocha | Telephone 1: |
| First name: Johanna | Telephone 2 (optional): |
| Email: | Fax (optional): |

Specimen signature:

Date (dd/mm/yyyy):