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	AWMS Methane Recovery Project MX06-S-28, Coahuila, México
Project / programme of activities reference number: *(if available)*	0661

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: AgCert México Servicios Ambientales, S. de R.L. de C.V.		
Address: Col. Chapultepec Morales,Homero 1804-1405, Mexico City D.F. 11570 Mexico		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Mateus		Telephone 1:
First name: Hernan		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: AgCert International Ltd.		
Address: Apex Building, Sandyford Business Park,Blackthorn Road, Dublin 18 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: Perkowski		Telephone 1:
First name: Leo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: AgCert International Ltd.		
Address: Apex Building, Sandyford Business Park,Blackthorn Road, Dublin 18 Ireland		
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: Perkowski		Telephone 1:
First name: Leo		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: AgCert International Ltd.	
Address: Apex Building, Sandyford Business Park,Blackthorn Road, Dublin 18 Ireland	
Party (country authorizing participation): Mexico	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Perkowski	Telephone 1:
First name: Leo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):