

## 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>	Upgradation and expansion of A.P.M.C compost plant at Tikri, Delhi
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	2502
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> IL&FS Ecosmart	
<b>Address:</b> Kautilya Marg Suit #276, 278 Hotel Samrat 110021 Delhi India	
<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: Babu	Telephone 1:
First name: Mahesh	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: Mukherjee	Telephone 1:
First name: Somnath	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> M/s Spiral Services	
<b>Address:</b> APMC Control Room, Main Entrance, Gate No. 1 - New Subzi Mandi Azadpur 110033 Delhi India	
<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: Puri	Telephone 1:
First name: S.	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: Puri	Telephone 1:
First name: Veena	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):