

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	Partial substitution of fossil fuels with biomass in cement manufacture
Project / programme of activities reference number: <i>(if available)</i>	0844
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Cementos Artigas S.A.	
Address: Maria Orticochea 4707, Montevideo Uruguay	
Party (country authorizing participation): Uruguay	
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: Arraga Pagani	Telephone 1:
First name: Ricardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Corporacion Uniland S.A.	
Address: c/ Corcega 299, Barcelona 08008 Spain	
Party (country authorizing participation): Spain	
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: Machimbarrena	Telephone 1:
First name: Ignacio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Cementos Molins Industrial S.A.	
Address: CN-340 Km 1242,3, N° 2 to 38 Barcelona 08620 Spain	
Party (country authorizing participation): Spain	
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: De Bobes	Telephone 1:
First name: Enric	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):