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		Punjab State Electricity Board: High Voltage Distribution System for Agricultural Consumers in the Rural Areas of the Punjab.	
Project / programme of activities reference number: (if available)		5787	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: M/s Punjab State Power Corporation Ltd			
Address: Shakti Vihar, Patiala, Punjab, 1470 India	01		
Party (country authorizing participation): India			
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary authorize	zed signatory):	Mr. ⊠ Ms.□	
Last name: Jain		Telephone 1:	
First name: S.K.		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: International Bank for Reconstructi Address: 1818 H Street, 20433 NW Washington DC United States of America	on and Development (IB	BRD) as Trustee of the Danish Carbon Fund (DCF)	
Party (country authorizing participation): Denmark			
End-date of participation:	End-date of participation: ☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorize	zed signatory):	Mr. ☐ Ms.⊠	
Last name: Chassard		Telephone 1:	
First name: Joelle		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☑ Ms.□	
Last name: Wang		Telephone 1:	
First name: Tao		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Government of Denmark – The Da	nish Ministry of Climate	and Energy / The Danish Energy Agency	

CDM-MOC-FORM

Address:			
Amaliegade 44,			
1256 Copenhagen			
Denmark			
Party (country authorizing participation):			
Denmark			
End-date of participation:	✓ N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. □ Ms.⊠	
Last name: Ostertag		Telephone 1:	
First name: Birgitte		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	