

## 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>	Waste heat based 7 MW Captive Power Project Godawari Power and Ispat Ltd (GPIL)
<b>Project / programme of activities reference number:</b> (if available)	0264
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> M/s Godawari Power and Ispat Ltd.	
<b>Address:</b> Hira Arcade, Pandri Raipur 492 001 Chhatisgarh 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: Prasad	Telephone 1:
First name: Lakshman	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Carbon Asset Services Sweden AB	
<b>Address:</b> Drottninggatan 92-94 111 36 Stockholm Sweden	
<b>Party (country authorizing participation):</b> Sweden	
<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: von Zweigbergk	Telephone 1:
First name: Niels	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> N.V. Nuon Energy Trade & Wholesale	
<b>Address:</b> Spaklerweg 20/P.O. Box 41920 1009 DC Amsterdam Netherlands	
<b>Party (country authorizing participation):</b> Netherlands	
<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: Battjes		Telephone 1:
First name: Coos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Noble Carbon Credits Limited		
<b>Address:</b> 13 Gilford Road, 1st floor, Gilford Hall Sandymount 4 Dublin Ireland		
<b>Party (country authorizing participation):</b> United Kingdom of Great Britain and Northern Ireland		
<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: Ansorg		Telephone 1:
First name: Thorsten Andreas		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):