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		Improved Cookstoves Program for Zambia	
Project / programme of activities reference number: (if available)		8060	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: C-Quest Capital Malaysia Global Stoves Limited			
Address: Brumby Centre Lot 42 Jalan Muh Malaysia	ibbah, 87000 Labuan FT		
Party (country authorizing part Netherlands	ticipation):		
End-date of participation:		is not limited in time) dd/mm/yyyy	
Contact details (primary author	rized signatory):	Mr. ⋈ Ms. □	
Last name: Newcombe		Telephone 1:	
First name: Kenneth		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ☐ Ms.⊠	
Last name: Alegre		Telephone 1:	
First name: Isabel		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
		33337	
Name of entity: Community Markets for Conserva	otion I td		
Address:	ation Eta		
Plot 26 Joseph Mwila Rd Rhodes Zambia	Park, Lusaka		
Party (country authorizing part Zambia	ticipation):		
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □	
Last name: Lewis		Telephone 1:	
First name: Dale		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: C-Quest Capital Malaysia Global	Stoves Limited		
Address: Brumby Centre Lot 42 Jalan Muh Malaysia	ibbah, 87000 Labuan FT		

CDM-MOC-FORM

Party (country authorizing participation): Zambia		
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □
Last name: Newcombe		Telephone 1:
First name: Kenneth		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Alegre		Telephone 1:
First name: Isabel		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):