

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: <i>(if available)</i>	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 Muhibbah, 87000 Labuan FT Malaysia	
Party (country authorizing participation): Netherlands	
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: Newcombe	Telephone 1:
First name: Kenneth	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Alegre	Telephone 1:
First name: Isabel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Community Markets for Conservation Ltd	
Address: Plot 26 Joseph Mwila Rd Rhodes Park, Lusaka Zambia	
Party (country authorizing participation): Zambia	
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: 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 Muhibbah, 87000 Labuan FT Malaysia	

Party (country authorizing participation): Zambia	
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: Newcombe	Telephone 1:
First name: Kenneth	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Alegre	Telephone 1:
First name: Isabel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):