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		BRT Metrobus Insurgentes, Mexico	
Project / programme of activities reference number: (if available)		4945	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Metrobus			
Address: Av. Cuauhtemoc No. 16 5th piso, C Mexico	Col. Doctores, Deleg. Cua	auhtemo, Mexico City, Distrito Federal, 06720	
Party (country authorizing partic Mexico	cipation):		
End-date of participation:	N/A (participation	is not limited in time)	
Contact details (primary authorize	zed signatory):	Mr. ⋈ Ms. □	
Last name: Calderon		Telephone 1:	
First name: Guillermo		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Address: 1818 H Street, NW Washington DC 20433 United States of America Party (country authorizing participation): Spain 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):	
	vironment and Rural and	Marine Affairs; Ministry of Economy and Finance	
Address: C/Alcala 92, 28009 Madrid Spain			

Party (country authorizing participation): Spain			
End-date of participation:	N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. ☐ Ms.⊠	
Last name: Montalyo		Telephone 1:	
First name: Alicia		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Specifici signature.		Date (da/miii/yyyy).	
Contact details (alternate authori	zed signatory):	Mr. ⋈ Ms.□	
Last name: Garcia Andres		Telephone 1:	
		Telephone 2 (optional):	
First name: Gonzalo Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Spanish Carbon Fund (SCF)			
Address: 1818 H Street, NW Washington DC 20433 United States of America			
Party (country authorizing participation): Mexico			
End-date of participation:	☑ N/A (participatio)	n is not limited in time)	
Contact details (primary authoriz	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):	