

## 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>                               | Improved Cooking Stoves for Nigeria Programme of Activities                                                        |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i> | 5067                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                   |                                                                                                                    |
| <b>Name of entity:</b><br>Atmosfair gGmbH                                           |                                                                                                                    |
| <b>Address:</b><br>Zossener Strasse 55,<br>10961 Berlin<br>Germany                  |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Nigeria                        |                                                                                                                    |
| <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: Zerzawy                                                                  | Telephone 1:                                                                                                       |
| First name: Florian                                                                 | Telephone 2 (optional):                                                                                            |
| Email:                                                                              | Fax (optional):                                                                                                    |
| Specimen signature:                                                                 | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                            |                                                                                                                    |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                |                                                                                                                    |
| Last name: Brockhagen                                                               | Telephone 1:                                                                                                       |
| First name: Dietrich                                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                                              | Fax (optional):                                                                                                    |
| Specimen signature:                                                                 | Date (dd/mm/yyyy):                                                                                                 |