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	AWMS Methane Recovery Project MX06-S-63, Durango, México
Project / programme of activities reference number: *(if available)*	1099

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: AgCert Mexico Servicios Ambientales, S. de R.L. de C.V.		
Address: Homero 1804-1405 Col. Chapultepec Morales 11570 Mexico D.F. Mexico		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Mateus		Telephone 1:
First name: Hernan		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: AgCert International PLC		
Address: Blackthorn Road Sandyford Apex Building 18 Dublin Ireland		
Party (country authorizing participation): Mexico		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Perkowski		Telephone 1:
First name: Leo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: AgCert International PLC		
Address: Blackthorn Road Sandyford Apex Building 18 Dublin Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Perkowski		Telephone 1:
First name: Leo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: AgCert International PLC		
Address: Blackthorn Road Sandyford Apex Building 18 Dublin Ireland		
Party (country authorizing participation): Switzerland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Perkowski		Telephone 1:
First name: Leo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):