

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: <i>(if available)</i> | 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: | <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: 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: | <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: 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: | <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: 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: | <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: Perkowski | Telephone 1: | |
| First name: Leo | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |