

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):