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	Improving Rural Livelihoods Through Carbon Sequestration By Adopting Environment Friendly Technology based Agroforestry Practices
Project / programme of activities reference number: *(if available)*	4531

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: M/s VEDA Climate Change Solutions Ltd		
Address: 2-35-15/2, Perraju Pet, Kakinada, 533003 Andra Pradesh India		
Party (country authorizing participation): India		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Cheepuri		Telephone 1:
First name: Appa Rao		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: M/s JK Paper Ltd		
Address: Jaykaypur, Rayagada, Orissa, 765017 India		
Party (country authorizing participation): India		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Goel		Telephone 1:
First name: M C		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund (BioCF)		
Address: 1818 H Street, NW Washington DC 20433 United States of America		
Party (country authorizing participation): Canada		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized 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: Prasad	Telephone 1:
First name: Neeraj	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Government of Canada - Ministry of Foreign Affairs and International Trade	
Address: 111 Sussex Drive, K1A0G2 Ottawa Canada	
Party (country authorizing participation): Canada	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Wallace	Telephone 1:
First name: Jeremy	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):