

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	Congo (DRC) Improved Cook Stoves program
Project / programme of activities reference number: (if available)	9638
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Vitol S.A.	
Address: Boulevard du Pont-d'Arve 28 CH 1205 - P.O. Box 384 1211 Geneva 4 Switzerland	
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: Fransen	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Dunford	Telephone 1:
First name: William	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: WESD Capital Sprl	
Address: 6A Avenue du Mont des Arts, Quartier Mont des Arts, Commune de la Gombe Kinshasa Democratic Republic of the Congo	
Party (country authorizing participation): Democratic Republic of the Congo	
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: Bakaly	Telephone 1:
First name: Georges	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):