

## 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	
<b>Title of the project / programme of activities</b>	Small Hydro Power Programme of Activities in Iran
<b>Project / programme of activities reference number:</b> (if available)	10307
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Iran Water and Power Development Company	
<b>Address:</b> Bidar St., Afrigha crossing Modares highway Tehran Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Bozorgzadeh	Telephone 1:
First name: Eisa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Mahab Ghodss Consulting Engineering Company	
<b>Address:</b> Takharestan St Dastgerdi Ave. Tehran Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Tarkeshdooz	Telephone 1:
First name: Nasser	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Mehr Renewable Energy Company	
<b>Address:</b> Unit 11, No.4 24Metri Ave, Farhang Sq. Sadat Abad Tehran Iran (Islamic Republic of)	
<b>Party (country authorizing participation):</b> Iran (Islamic Republic of)	

<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Ahadi	Telephone 1:	
First name: Mohammad Sadegh	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	