

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	Energy Efficiency of Nigeria's Residential Lighting Stock by Distributing up to 40 Million Compact Fluorescent Lamps (CFLs) to Residential Households Connected to the National Grid
Project / programme of activities reference number: (if available)	9441
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Icimi Ltd	
Address: 1 Ropemaker Street, London EC2Y 9HT United Kingdom of Great Britain and Northern 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Jayesimi	Telephone 1:
First name: Gbemi Casandra	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: Johnson	Telephone 1:
First name: Cameron	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Icimi Ltd	
Address: 1 Ropemaker Street, London EC2Y 9HT United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Nigeria	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Jayesimi	Telephone 1:
First name: Gbemi Casandra	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: Johnson	Telephone 1:

First name: Cameron	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):