

## 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>	Ras Ghareb Wind Energy Project
<b>Project / programme of activities reference number:</b> (if available)	10625
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Ras Ghareb Wind Energy S.A.E.	
<b>Address:</b> Unit 1418, Floor 14, Nile City, Southern Tower, Ramlet Boulaq, Cairo Egypt	
<b>Party (country authorizing participation):</b> Egypt	
<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: Almasy	Telephone 1:
First name: Miklos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Mizumoto	Telephone 1:
First name: Yuji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Egyptian Electricity Transmission Company	
<b>Address:</b> Emtedad Ramsis Street, Abbaseya, Waily, Cairo Governate Egypt	
<b>Party (country authorizing participation):</b> Egypt	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Rashad Abd El Khalek	Telephone 1:
First name: Eman	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Egyptian Environmental Affairs Agency			
<b>Address:</b> 30 Misr Helwan El-Zyraie Road, Maadi, P.O. 11728 Cairo Egypt			
<b>Party (country authorizing participation):</b> Egypt			
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Aboutaleb		Telephone 1:	
First name: Prof. Dr. Enas		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	