

## 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>	Zorlu Enerji Wind Project
<b>Project / programme of activities reference number:</b> (if available)	9849
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> UPM Umwelt-Projekt-Management GmbH	
<b>Address:</b> Lamontstrasse 11 81679 Munich Germany	
<b>Party (country authorizing participation):</b> United Kingdom of Great Britain and Northern Ireland	
<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: Dilger	Telephone 1:
First name: Martin	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: Huenteler	Telephone 1:
First name: Henning	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Zorlu Enerji Pakistan Limited	
<b>Address:</b> Clifton Block-II, Building C-117, Karachi Sindh Province Pakistan	
<b>Party (country authorizing participation):</b> Pakistan	
<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: Ozdemir	Telephone 1:
First name: Yagmur	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: Cetin	Telephone 1:
First name: Erdinc	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):