

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	Improving Kiln Efficiency in the Brick Making Industry in Bangladesh (Bundle-2)
Project / programme of activities reference number: (if available)	6085
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Industrial and Infrastructure Development Finance Company Ltd (IIDFC)	
Address: Chambers Building, 233-124, Motijheel C/A 1000 Dhaka Bangladesh	
Party (country authorizing participation): Bangladesh	
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: Islam	Telephone 1:
First name: Md. Matiul	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: Barman	Telephone 1:
First name: Shaymal	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Danish Carbon Fund (DCF)	
Address: The World Bank 1818 H Street 20433 NW Washington DC United States of America	
Party (country authorizing participation): Denmark	
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: Chassard	Telephone 1:
First name: Joelle	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: Wang		Telephone 1:	
First name: Tao		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Government of Denmark - Danish Ministry of Climate and Energy/ The Danish Energy Agency			
Address: Amaliegade 44 1256 Copenhagen Denmark			
Party (country authorizing participation): Denmark			
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: Van Maarschalkerweerd		Telephone 1:	
First name: Christian		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	