

## 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>	Catalytic N2O destruction project in the tail gas of the Nitric Acid Plant of Abu Qir Fertilizer Co.
<b>Project / programme of activities reference number:</b> (if available)	0490
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> CARBON Egypt Ltd.	
<b>Address:</b> 2, Simon Bolivar Square Garden City; P.O. Box 489 Cairo 11461 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: Riskalla	Telephone 1:
First name: Hani	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Kommunalkredit Public Consulting GmbH	
<b>Address:</b> Tuerkenstrasse 9 1092 Vienna Austria	
<b>Party (country authorizing participation):</b> Austria	
<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: Amerstorfer	Telephone 1:
First name: Alexandra	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> RWE Power AG	
<b>Address:</b> Huyssenallee 2, 45128 Essen Germany	
<b>Party (country authorizing participation):</b> Germany	
<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: Kons	Telephone 1:
First name: Ludwig	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Energie AG	
<b>Address:</b> Boehmerwaldstrasse 3, Postfach 298, A-4021 Linz Austria	
<b>Party (country authorizing participation):</b> Austria	
<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: Mair	Telephone 1:
First name: Edwin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):