

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 | |
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| Title of the project / programme of activities | Farm Household Biogas Project Contributing to Rural Development in Can Tho City |
| Project / programme of activities reference number: (if available) | 6132 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Japan International Research Center for Agricultural Sciences | |
| Address: 1-1 Ohwashi, 305-8686 Tsukuba Japan | |
| Party (country authorizing participation): Japan | |
| 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: Matsubara | Telephone 1: |
| First name: Eiji | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Can Tho University | |
| Address: 3/2 Street, Ninh Kieu District, Can Tho City Viet Nam | |
| Party (country authorizing participation): Viet Nam | |
| 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: Nguyen | Telephone 1: |
| First name: Huu Chiem | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Department of Natural Resources and Environment, Can Tho City | |
| Address: 09-Cach Mang Thang Tam Street, An Hoa Ward, Ninh Kieu District, Can Tho City Viet Nam | |
| Party (country authorizing participation): Viet Nam | |
| 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"/> |

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|----------------------|-------------------------|
| Last name: Nguyen | Telephone 1: |
| First name: Minh The | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |