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	Gikoko-Makassar - LFG Flaring Project
Project / programme of activities reference number: *(if available)*	2518

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: PT Gikoko Kogyo Indonesia		
Address: Pulogadung Industry Estatem JL Pulo Kambing Kav. II i/9 13930 Jakarta Indonesia		
Party (country authorizing participation): Indonesia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Hwang		Telephone 1:
First name: Joseph Wu Chao		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: The Municipal Government of the City of Makassar		
Address: Jl. Jend A. Yani no. 2 Makassar Indonesia		
Party (country authorizing participation): Indonesia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Iskandar		Telephone 1:
First name: H. A. Herry		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Netherlands' Ministry of Infrastructure and the Environment (IenM)		
Address: Rjinstraat 8, 2515 XP The Hague Netherlands		
Party (country authorizing participation): Netherlands		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Gerards		Telephone 1:

First name: Marisa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: International Bank for Reconstruction and Development (IBRD) acting as a Trustee of the Netherlands Clean Development Mechanism Facility (NCDMF)
Address: 1818 H Street, NW Washington DC 20433 United States of America
Party (country authorizing participation): Netherlands

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Evans	Telephone 1:
First name: Warren James	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Chassard	Telephone 1:
First name: Joelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):