

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	Landfill gas recovery and combustion with renewable energy generation from sanitary landfill sites under Land Bank of the Philippines Carbon Finance Support Facility
Project / programme of activities reference number: <i>(if available)</i>	6707
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Land Bank of the Philippines	
Address: Program Lending Group, 30/F LANDBANK Plaza, 1598 M.H. del Pilar cor. Dr. J. Quintos Sts., Malate, Manila 1004 Philippines	
Party (country authorizing participation): Philippines	
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: Tesorero	Telephone 1:
First name: Lucila	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: Calado	Telephone 1:
First name: Prudencio III	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development as Trustee of the Spanish Carbon Fund (SCF)	
Address: The World Bank, 1818 H. Street, NW, Washington DC 20433 United States of America	
Party (country authorizing participation): Spain	
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: Joëlle	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: Kingdom of Spain - Ministry of Agriculture, Food and Environment	
Address: Alcala, 92, Madrid 28009 Spain	
Party (country authorizing participation): Spain	
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: Magro Andrade	Telephone 1:
First name: Susana	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: Soler Vera	Telephone 1:
First name: Alberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):