

## 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>	Palmas del Espino – Biogas recovery and heat generation from Palm Oil Mill Effluent (POME) ponds, Peru
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	1249
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Industrias del Espino SA	
<b>Address:</b> Palmawasi, Distrito de Uchiza, Provincia de Tocache, Departamento San Martín Peru	
<b>Party (country authorizing participation):</b> Peru	
<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: Campbell	Telephone 1:
First name: Ronald	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> The Federal Authority of Belgium , acting through its Federal Public Service of Health, Food Chain Safety and Environment	
<b>Address:</b> Victor Hortaplein 40- box 10, Eurostation- Block II, Brussels 1060 Belgium	
<b>Party (country authorizing participation):</b> Belgium	
<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: Wittoeck	Telephone 1:
First name: Peter	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):