

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	Myagri Bio-organic Plant at Pantai Remis, Perak
Project / programme of activities reference number: (if available)	9171
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Gazprom Marketing & Trading Limited	
Address: 20, Triton Street. NW1 3BF London United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Gistau	Telephone 1:
First name: Ignacio	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: Parreno	Telephone 1:
First name: Juan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Myagri Nutribio Sdn. Bhd.	
Address: No.29, Jalan Impian Putra 1/4, Taman Impian Putra, Bandar Seri Putra, 43600 Selangor Malaysia	
Party (country authorizing participation): Malaysia	
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: Md Taib	Telephone 1:
First name: Norhayati	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Md Ismail	Telephone 1:
First name: Izza Fajarul Hawa	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):