

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	Biomass Energy Plant-Lumut.
Project / programme of activities reference number: <i>(if available)</i>	0249
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: PGEO Energy Sdn.Bhd	
Address: Block G4 & G5, Lumut Port Industrial Park Mukim Lumut, Jalan Kampung Aceh Perak 32000 Sitiawan 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: Kim Fatt	Telephone 1:
First name: Lim	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: Chee Kheong	Telephone 1:
First name: Loh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Enco Energy Sdn.Bhd	
Address: Lot 43 Rawang Integrated Industrial Park Selangor 48000 Rawang 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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Teck Hee	Telephone 1:
First name: Chee	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Royal Danish Ministry of Foreign Affairs	
Address: Asiatisk Plads 2 1448 Copenhagen K Denmark	
Party (country authorizing participation): Denmark	
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: Monsted	Telephone 1:
First name: Bo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):