

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	Ethanol Wastewater Treatment at Ekarat Pattana Co., Ltd. in Nakhon Sawan, Thailand
Project / programme of activities reference number: (if available)	9333
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Ekarath Pattana Co., Ltd.	
Address: 9 Moo, 14 Ban Nong Pho, Nong Pho Sub district, Ta Khali district 60140 Nakhon Sawan Thailand	
Party (country authorizing participation): Thailand	
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: Siriviriyakul	Telephone 1:
First name: Nathapun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Arcadia Energy (Suisse) S.A.	
Address: Route de la Longaraie 7, Morges Vaud Switzerland	
Party (country authorizing participation): Switzerland	
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: Rittner	Telephone 1:
First name: Frank	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Q.C.A. AG	
Address: Tellenstr. 34 CH 6056 Kagiswil/Sarnen Switzerland	
Party (country authorizing participation): Switzerland	
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: Rittner	Telephone 1:
First name: Frank	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):