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	Zouping Landfill Gas Recovery and Utilization Project
Project / programme of activities reference number: *(if available)*	4743

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund		
Address: 6 ADB Avenue, Mandaluyong City 1550, Metro Manila Philippines		
Party (country authorizing participation): Sweden		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Yao		Telephone 1:
First name: Xianbin		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Um		Telephone 1:
First name: Woochong		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Zouping County Domestic Solid Waste Disposal Limited Liability Company		
Address: No. 8 Huangshan Yi Road, Zouping County, Binzhou City, Shandong Province China		
Party (country authorizing participation): China		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Li		Telephone 1:
First name: Hongwei		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Swedish Energy Agency		
Address: P.O. Box 310, 63104 Eskilstuna Sweden		

Party (country authorizing participation): Sweden		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Bostrom		Telephone 1:
First name: Bengt		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Myrman		Telephone 1:
First name: Johanna		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):