

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 | Municipal Waste Compost Programme in Sri Lanka |
| Project / programme of activities reference number: (if available) | 7237 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Waste Management Authority of Western Province | |
| Address: Srawasthi Mandiraya, No 32 Sir Marcus Fernando Mawaththa, Colombo 07 Sri Lanka | |
| Party (country authorizing participation): Sri Lanka | |
| 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: Samarakkody | Telephone 1: |
| First name: R. Priyantha | 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: Gunarathna | Telephone 1: |
| First name: Yasantha R. | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Korea Environment Corporation | |
| Address: Environmental Research Complex, Kyungseo-Dong, Seo-Gu, Incheon Metropolitan City Republic of Korea | |
| Party (country authorizing participation): Republic of Korea | |
| 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: Oh | Telephone 1: |
| First name: Seunghwan | 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: Lee | Telephone 1: |
| First name: Youjeong | Telephone 2 (optional): |
| Email: | Fax (optional): |

Specimen signature:

Date (dd/mm/yyyy):