

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):