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	PTPN VI Bunut Mill POME Biogas Project in Jambi Province, Sumatera in Indonesia
Project / programme of activities reference number: *(if available)*	7652

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: PT. Perkebunan Nusantara VI (PTPN6)		
Address: Jalan Lingkar Barat, Pall X, Kota Baru, Jambi, Indonesia		
Party (country authorizing participation): Indonesia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Siahaan		Telephone 1:
First name: Goklas Edison		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Shimizu Corporation		
Address: No.16-1, Kyobashi2-chome, Chuo-ku, 104-8370 Tokyo Japan		
Party (country authorizing participation): Japan		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kurita		Telephone 1:
First name: Hiroyuki		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Maruyama		Telephone 1:
First name: Kazuhide		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Agency for the Application and Assessment of Technology (BPPT)		

Address: Jalan M.H. Thamrin No. 8, BPPT Building 2nd, 22nd Floor, 10340 Jakarta Indonesia	
Party (country authorizing participation): Indonesia	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Febijanto	Telephone 1:
First name: Irhan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):