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 | | Bundled Landfill Gas Recovery Project in Indonesia | |
| Project / programme of activities reference number: (if available) | | 4566 | |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | | |
| Name of entity: PT Dayak Eco Carpentry | | | |
| Address: Jl. Tjilik Riwuk Km. 23.5- Palangka Raya 73113 Central Kalimantan Indonesia | | | |
| Party (country authorizing participation): Indonesia | | | |
| End-date of participation: | N/A (participation | is not limited in time) | |
| Contact details (primary authoriz | ed signatory): | Mr. ⋈ Ms. □ | |
| Last name: Bronnimann | | Telephone 1: | |
| First name: Thomas | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| | | | |
| Contact details (alternate authorized signatory): | | Mr. ⋈ Ms. □ | |
| Last name: Yusuf | | Telephone 1: | |
| First name: Dedy | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| | | | |
| Name of entity: | | | |
| BGP Engineers B.V. | | | |
| Address: | | | |
| Loopkantstraat 45, 5405 AC Uden | | | |
| Netherlands | | | |
| Party (country authorizing participation): Netherlands | | | |
| End-date of participation: | N/A (participation | is not limited in time) | |
| Contact details (primary authoriz | ed signatory): | Mr. ⋈ Ms. □ | |
| Last name: Maaskant | | Telephone 1: | |
| First name: Willem | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: Date (dd/mm/yyyy): | | | |
| | | | |
| Contact details (alternate authorized signatory): Mr. Ms. | | | |
| Last name: Jorritsma | | Telephone 1: | |
| First name: Matsen | | Telephone 2 (optional): | |

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| Email: | Fax (optional): |
|---------------------|--------------------|
| Specimen signature: | Date (dd/mm/yyyy): |
| | |