

## 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                              |                                                                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                               | Palm Oil Mill Effluent Methane Recovery & Utilisation System at QL Palm Oil Mill 1 at Tawau, Sabah                 |
| <b>Project / programme of activities reference number:</b><br>(if available)        | 9122                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                   |                                                                                                                    |
| <b>Name of entity:</b><br>QL Plantation Sdn. Bhd.                                   |                                                                                                                    |
| <b>Address:</b><br>TB 50 & 51, Miles 5, Apas Road, Tawau<br>91000 Sabah<br>Malaysia |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Malaysia                       |                                                                                                                    |
| <b>End-date of participation:</b>                                                   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                              | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Chia                                                                     | Telephone 1:                                                                                                       |
| First name: Lik-Khai                                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                                              | Fax (optional):                                                                                                    |
| Specimen signature:                                                                 | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                            | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Chia                                                                     | Telephone 1:                                                                                                       |
| First name: Juak-Sui                                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                                              | Fax (optional):                                                                                                    |
| Specimen signature:                                                                 | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>NE Climate A/S                                            |                                                                                                                    |
| <b>Address:</b><br>Skelagervej 1<br>9000 Aalborg<br>Denmark                         |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Denmark                        |                                                                                                                    |
| <b>End-date of participation:</b>                                                   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                              | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Andersen                                                                 | Telephone 1:                                                                                                       |
| First name: Rene Treumer                                                            | Telephone 2 (optional):                                                                                            |
| Email:                                                                              | Fax (optional):                                                                                                    |
| Specimen signature:                                                                 | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                            | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Chmura                                                                   | Telephone 1:                                                                                                       |

|                              |                         |
|------------------------------|-------------------------|
| First name: Kenneth Topgaard | Telephone 2 (optional): |
| Email:                       | Fax (optional):         |
| Specimen signature:          | Date (dd/mm/yyyy):      |