

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 | |
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| Title of the project / programme of activities | Srijaroen Palm Oil Wastewater Treatment Project in Krabi Province, Thailand |
| Project / programme of activities reference number: <i>(if available)</i> | 2620 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Srijaroen Palm Oil Co., Ltd. | |
| Address: 144/44, Tanurat Road, Thungwatdon, Sathorn 10120 Bangkok Thailand | |
| Party (country authorizing participation): Thailand | |
| 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: Sinthunont | Telephone 1: |
| First name: Suwit | 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: Usanakul | Telephone 1: |
| First name: Suthee | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Mitsubishi UFJ Securities Co., Ltd. | |
| Address: 2nd Floor, KR Toyosu Building 5-4-9 Toyosu, Koto-ku 135-0061 Tokyo Japan | |
| Party (country authorizing participation): Japan | |
| 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: Watanabe | Telephone 1: |
| First name: Hajime | 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"/> |

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| Last name: Toyofuku | Telephone 1: |
| First name: Masayuki | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |