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	The Capture and Utilisation of Methane at the Sibanye Gold Owned Beatrix Mine in South Africa
Project / programme of activities reference number: *(if available)*	4728

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: GFI Mining South Africa (Pty) Ltd		
Address: Postnet Suite 19 Private Bag X5 1735 Strubens Valley South Africa		
Party (country authorizing participation): South Africa		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: du Plessis		Telephone 1:
First name: Johannes Jacobus Labuschagne		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: van Greuning		Telephone 1:
First name: Dirk Cornelius		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Mercuria Energy Trading SA		
Address: Rue du Rhone, 50 1204 Geneva Switzerland		
Party (country authorizing participation): Switzerland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Jean-Francois		Telephone 1:
First name: Steels		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Promethium Carbon (Pty) Ltd		

Address: P.O. Box 131 253 2021 Bryanston South Africa	
Party (country authorizing participation): South Africa	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Louw	Telephone 1:
First name: Robbie	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Harmke	Telephone 1:
First name: Immink	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):