## **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 PROJEC	CT 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 partic South Africa	ipation):		
End-date of participation:		is not limited in time)	
Contact details (primary authoriz	zed 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 partic Switzerland	ipation):		
End-date of participation:	N/A (participation i	is not limited in time)	
Contact details (primary authoriz	ed signatory):	Mr. ☑ Ms. □	
Last name: Jean-François		Telephone 1:	
First name: Steels		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Promethium Carbon (Pty) Ltd			

D O D 404 050		
P.O. Box 131 253		
2021 Bryanston South Africa		
Party (country authorizing part South Africa	icipation):	
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):