

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	BWC Sustainable Biogas Recovery Programme of Activities in Indonesia
Project / programme of activities reference number: <i>(if available)</i>	9096
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: PT Blue World Indonesia	
Address: JI, Rasuna Said Kav. 13, 18th Floor, Cyber 2 Tower, Jakarta 12950 Indonesia	
Party (country authorizing participation): Indonesia	
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: van Acht	Telephone 1:
First name: Joost Willem	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: Christiaens	Telephone 1:
First name: Wilhelmus Gerardus Joseph	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Blue World Carbon SEA Pte Ltd	
Address: 19 China Street, #03-02 Far East Square, Singapore 049561 Singapore	
Party (country authorizing participation): Netherlands	
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: van Acht	Telephone 1:
First name: Joost Willem	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: Christiaens	Telephone 1:
First name: Wilhelmus Gerardus Joseph	Telephone 2 (optional):

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