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	Tian Siang Oil Mill (Perak) Biogas Project
Project / programme of activities reference number: *(if available)*	6932

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Tian Siang Oil Mill (Perak) Sdn. Bhd.		
Address: Tian Siang Square, Jalan Kampung Sitiawan, 32000 Sitiawan, Perak, Malaysia		
Party (country authorizing participation): Malaysia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Tan		Telephone 1:
First name: Choon Teck		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Ooi		Telephone 1:
First name: Tian Huat		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: RWE Power AG		
Address: Huyssenallee 2, 45128 Essen Germany		
Party (country authorizing participation): Germany		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kons		Telephone 1:
First name: Ludwig		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Aguilera Lagos		Telephone 1:
First name: Antonio		Telephone 2 (optional):

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

Name of entity: YTL-SV Carbon Sdn. Bhd.	
Address: Level 4, Annex Block, Lot 10 Shopping Centre, 50 Jalan Sultan Ismail, Wilayah Persekutuan, 50250 Kuala Lumpur Malaysia	
Party (country authorizing participation): Malaysia	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Dixon	Telephone 1:
First name: Ralph Justin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Govindarajulu	Telephone 1:
First name: Ilango Sivagnana Bharathi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):