

## 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  |  |
|---|--|
| <b>Title of the project / programme of activities</b>   | SPP5 Solar Power Project   |
| <b>Project / programme of activities reference number:</b><br>(if available)  | 8649   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>SPP Five Co., Ltd.  |  |
| <b>Address:</b><br>222 Moo 5, 14th-15th Floor EGCO Tower, Vibhavadi Rangsit Road, Tungsonghong , Laksi, Bangkok, 10210 Thailand |  |
| <b>Party (country authorizing participation):</b><br>Thailand   |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Chokjarernwanit  | Telephone 1:   |
| First name: Yuthapong   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Carbon Partners Asiatica (Hong Kong) Co., Ltd.  |  |
| <b>Address:</b><br>Suite 1402 World Commerce Centre, 11 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong Hong Kong                |  |
| <b>Party (country authorizing participation):</b><br>Netherlands  |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Tochikawa  | Telephone 1:   |
| First name: Kyoko   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Hatano   | Telephone 1:   |
| First name: Junji   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |