

## 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>  | Indonesia Biogas Projects  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                                  | 6209   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>PT. GP Carbon Solutions Services Indonesia   |  |
| <b>Address:</b><br>Gedung Ariobimo Sentral Lantai 4, Jalan H.R. Rasuna Said Kav. X-2 No.5 Jakarta 12950<br>Indonesia |  |
| <b>Party (country authorizing participation):</b><br>Indonesia   |  |
| <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: Hutabarat   | Telephone 1:   |
| First name: Henricus   | 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: Gigante   | Telephone 1:   |
| First name: Francois   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>GenPower Carbon Solutions, L.P.  |  |
| <b>Address:</b><br>87 Mary St., Walker House, Georgetown, Grand Cayman, KY-9005<br>Cayman Islands                    |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland            |  |
| <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: Hamaliuk  | Telephone 1:   |
| First name: Gerald   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |