

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