

## 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>	Tin Thanh Biomass Boiler Project No. 1
<b>Project / programme of activities reference number:</b> (if available)	7665
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> RWE Power AG	
<b>Address:</b> Huyssenallee 2, 45128 Essen Germany	
<b>Party (country authorizing participation):</b> Germany	
<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: Kons	Telephone 1:
First name: Ludwig	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: Aguilera Lagos	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Tin Thanh Industrial Electricity and Steam Company Limited	
<b>Address:</b> 474/1 Nguyen Tri Phuong, Ward 9, District 10, Ho Chi Minh Viet Nam	
<b>Party (country authorizing participation):</b> Viet Nam	
<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: Le Thi Tuyet	Telephone 1:
First name: Trinh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Investment and Trade Consultancy Company Limited (INTRACO Co., Ltd.)	

<b>Address:</b> Unit 501, Thai Ha Building, No 18/11 Thai Ha Street, Dong Da District, Hanoi, Viet Nam	
<b>Party (country authorizing participation):</b> Viet Nam	
<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: Hoang	Telephone 1:
First name: Anh Dung	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):