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").

Title of the project / programme of activities Project / programme of activities reference number: (if available) SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES Name of entity: Jaroensompong Co., Ltd. Address: Telephone 1: First name: Pairoj Prailing: Specimen signature: Party (country authorizing participation): Thailand Party (project / programme of activities reference number: Mr. Ms.	SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES Name of entity: Jaroensompong Co., Ltd. Address: 1/17/7 Moo. 2 Omyai, Sampran, Nakhon Pathom 73760 Thailand Party (country authorizing participation): Thailand End-date of participation: End-date (primary authorized signatory): Last name: Jaroenpoj First name: Pairoj Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Name of entity: Mistabishi UFJ Morgan Stanley Securities Co., Ltd. Address: Sth Floor, Toyosu Front, 3-2-20 Toyosu, Koto-ku, Tokyo 135-0061 Japan Party (country authorizing participation): Japan End-date of participation: End-date of participation:	Title of the project / programme of activities		1 2 1	
Name of entity: Jaroensompong Co., Ltd. Address: 17/7 Moo. 2 Omyai, Sampran, Nakhon Pathom 73760 Thailand Party (country authorizing participation): Thailand End-date of participation: M/A (participation is not limited in time) dd/mm/yyyy Contact details (primary authorized signatory): Last name: Jaroenpoj Telephone 1: First name: Pairoj Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy):	• •		1413	
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First name: Masayuki Telephone 2 (optional): Email: Fax (optional):	Contact details (primary authorized signatory):		Mr. ⋈ Ms. □	
Email: Fax (optional):	Last name: Toyofuku		Telephone 1:	
	First name: Masayuki		Telephone 2 (optional):	
Specimen signature: Date (dd/mm/yayay):	Email:		Fax (optional):	
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