

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 | |
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| Title of the project / programme of activities | Thailand energy efficiency improvement for street lightings |
| Project / programme of activities reference number: <i>(if available)</i> | 8055 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Provincial Electricity Authority (PEA) | |
| Address: 200 Ngamwongwan Rd. Bangkok 10900 Thailand | |
| Party (country authorizing participation): Thailand | |
| 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: Lowattanatakul | Telephone 1: |
| First name: Numchai | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Carbon Partnership Facility (CPF) | |
| Address: 1818 H Street, NW Washington DC 20433 United States of America | |
| Party (country authorizing participation): Sweden | |
| 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Chassard | Telephone 1: |
| First name: Joelle | 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: Wang | Telephone 1: |
| First name: Tao | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Government of Sweden - Swedish Energy Agency | |

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| Address: P.O. Box 310, 63104 Eskilstuna Sweden Sweden | |
| Party (country authorizing participation): Sweden | |
| 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: Bostrom | Telephone 1: |
| First name: Bengt | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |