

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	Landfill Gas to Energy Facility at the Nejapa Landfill Site, El Salvador
Project / programme of activities reference number: (if available)	0167
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Biothermica Energie Inc.	
Address: 426, Sherbrooke East., Montreal, Quebec H2L 1J6 Canada	
Party (country authorizing participation): El Salvador	
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: Drouin	Telephone 1:
First name: Maxime	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Biothermica Energie Inc.	
Address: 426, Sherbrooke East., Montreal, Quebec H2L 1J6 Canada	
Party (country authorizing participation): Canada	
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: Drouin	Telephone 1:
First name: Maxime	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ministry of Environment of Luxembourg	
Address: 18, Montee de la Petrusse, Luxembourg L-2918 Luxembourg	
Party (country authorizing participation): Luxembourg	
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: Lux	Telephone 1:
First name: Lucien	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: AES Carbon Exchange, Ltd.	
Address: Washington Mall West, 7 Reid Street Hamilton, Bermuda HM 11 Bermuda	
Party (country authorizing participation): Netherlands	
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: Reynolds	Telephone 1:
First name: Annmarie	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):