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: CD | M PROJECT/PROC | GRAMME OF ACTIVITIES DETAILS | |
|--|-----------------------|---------------------------------------|--|
| Title of the project / programme of activities | | SimGas Biogas Programme of Activities | |
| Project / programme of activities reference number: (if available) | | 7734 | |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | | |
| Name of entity: SimGas IP BV | | | |
| Address: Binckhorstlaan 36, The Hague, Sou Netherlands | th Holland, 2516 BE | | |
| Party (country authorizing partic Netherlands | ipation): | | |
| End-date of participation: | ☑ N/A (participation) | is not limited in time) dd/mm/yyyy | |
| Contact details (primary authoriz | zed signatory): | Mr.⊠ Ms.□ | |
| Last name: Castro | | Telephone 1: | |
| First name: Sanne | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: Date (dd/mm/yyyy): | | | |
| | | | |
| Contact details (alternate authorized signatory): | | Mr. ⋈ Ms.□ | |
| Last name: Castro | | Telephone 1: | |
| First name: Mirik | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| | | | |
| Name of entity: | | | |
| SimGas IP BV | | | |
| Address: | | | |
| Binckhorstlaan 36, The Hague, Sou Netherlands | th Holland, 2516 BE | | |
| Party (country authorizing partic | ination): | | |
| Kenya | ipation). | | |
| End-date of participation: | N/A (participation | is not limited in time) dd/mm/yyyy | |
| Contact details (primary authoriz | zed signatory): | Mr.⊠ Ms.□ | |
| Last name: Castro | | Telephone 1: | |
| First name: Sanne | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| | | | |
| Contact details (alternate authorized signatory): | | Mr. ⋈ Ms.□ | |
| Last name: Castro | | Telephone 1: | |
| First name: Mirik | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |

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| Specimen signature: | Date (dd/mm/yyyy): |
|---------------------|--------------------|
| | |