

## 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>                                 | Anaerobic Digestion and Energy Generation at Semino Starch Plant Project                                           |
| <b>Project / programme of activities reference number:</b><br>(if available)          | 9500                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                     |                                                                                                                    |
| <b>Name of entity:</b><br>Molinos Juan Semino S.A.                                    |                                                                                                                    |
| <b>Address:</b><br>Bv. Americano s/n, Carcarana, Santa Fe Province, 2138<br>Argentina |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Argentina                        |                                                                                                                    |
| <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: Semino                                                                     | Telephone 1:                                                                                                       |
| First name: Juan Jose                                                                 | Telephone 2 (optional):                                                                                            |
| Email:                                                                                | Fax (optional):                                                                                                    |
| Specimen signature:                                                                   | Date (dd/mm/yyyy):                                                                                                 |