

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	Gikoko-Bekasi-LFG Flaring Project
Project / programme of activities reference number: (if available)	2509
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: PT Gikoko Kogyo Indonesia	
Address: Pulogadung Industry Estate JL Pulo Kambing Kav. II i/9 13930 Jakarta Indonesia	
Party (country authorizing participation): Indonesia	
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: Hwang	Telephone 1:
First name: Joseph Wu Chao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The Municipal Government of the City of Bekasi	
Address: Jl. Jend. Ahmad Yani No. 1 Bekasi Indonesia	
Party (country authorizing participation): Indonesia	
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: Effendi	Telephone 1:
First name: Tjandra Utama	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Netherlands' Ministry of Infrastructure and the Environment (IenM)	
Address: Rjinstraat 8, 2515 XP The Hague Netherlands	
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: Gerards	Telephone 1:

First name: Marisa		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) acting as a Trustee of the Netherlands Clean Development Mechanism Facility (NCDMF)		
Address: 1818 H Street, NW Washington DC 20433 United States of America		
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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Evans		Telephone 1:
First name: Warren James		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate 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):