# 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** | Ancon – EcoMethane Landfill Gas Project |
| **Project / programme of activities reference number:** *(if available)* | 1104 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:**<br>CASREN E.I.R.L. | | |
| **Address:**<br>Kilometre 45.5 Panamericana Norte highway<br>Relleno Sanitario Ancon<br>Ancon District<br>Lima<br>Peru | | |
| **Party (country authorizing participation):**<br>Peru | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Navarro Lopez Torres | | Telephone 1: |
| First name: Cesar | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:**<br>Biogas Technology Ltd. | | |
| **Address:**<br>6 Brookside Industrial Estate,<br>Glatton Road<br>PE28 5SB Sawtry, Cambridgeshire<br>United Kingdom of Great Britain and Northern Ireland | | |
| **Party (country authorizing participation):**<br>United Kingdom of Great Britain and Northern Ireland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Gadsby | | Telephone 1: |
| First name: Ian | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:**<br>EcoSecurities Group Plc | | |
| **Address:**<br>40 Dawson Street<br>2 Dublin<br>Ireland | | |
| **Party (country authorizing participation):**<br>United Kingdom of Great Britain and Northern Ireland | | |

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|---|---|
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy |
| **Contact details (primary authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Booth | Telephone 1: |
| First name: Sheila | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |