

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	South East Asia Biogas Programme of Activities
Project / programme of activities reference number: <i>(if available)</i>	6749
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: South Pole Carbon Asset Management Ltd.	
Address: Technoparkstrasse 1, 8005 Zurich CH-8005 Switzerland	
Party (country authorizing participation): Switzerland	
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: Sutter	Telephone 1:
First name: Christoph	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Heuberger	Telephone 1:
First name: Renat	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: E.ON Carbon Sourcing GmbH	
Address: 24 Raffles Pl. # 26-06 Clifford Centre 048621 Singapore Singapore	
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: Fadda	Telephone 1:
First name: Mauro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Albino	Telephone 1:
First name: Ivan	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: PT. Biogas Program International			
Address: Graha Iskandarsyah Building, 2nd floor,Jl. Iskandarsyah No.66 C,12160, 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: Butarbutar		Telephone 1:	
First name: Paul		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	