

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

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|--|--|--|--|
| Specimen signature:  |  | Date (dd/mm/yyyy):   |  |
| <b>Name of entity:</b><br>PT. Biogas Program International   |  |  |  |
| <b>Address:</b><br>Graha Iskandarsyah Building, 2nd floor,Jl. Iskandarsyah No.66 C,12160, Jakarta<br>Indonesia |  |  |  |
| <b>Party (country authorizing participation):</b><br>Indonesia   |  |  |  |
| <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: Butarbutar  |  | Telephone 1:   |  |
| First name: Paul   |  | Telephone 2 (optional):  |  |
| Email:   |  | Fax (optional):  |  |
| Specimen signature:  |  | Date (dd/mm/yyyy):   |  |