

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	Denawaka Ganga Mini Hydro Power Project
Project / programme of activities reference number: (if available)	9831
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Country Energy (Pvt.) Ltd.	
Address: 27-2 East Tower, World Trade Centre, Echelon Square, Colombo 1 Sri Lanka	
Party (country authorizing participation): Sri Lanka	
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: Dheerasinghe	Telephone 1:
First name: Aruna	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: Baduge	Telephone 1:
First name: Nilushi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.	
Address: 5/F, Toyosu Front, 3-2-20 Toyosu, Koto-ku, Tokyo 135-0061 Japan	
Party (country authorizing participation): Japan	
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: Toyofuku	Telephone 1:
First name: Masayuki	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: Kurokawa	Telephone 1:
First name: Ayato	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):