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	Sapthip Wastewater Management and Methane Capturing for Heating and Electricity generation
Project / programme of activities reference number: *(if available)*	9045

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Sapthip Co., Ltd.		
Address: 68 Soi Santipharp, Sap Road, Sapthip, Bangrak, Bangkok, 10500 Thailand		
Party (country authorizing participation): Thailand		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Srisathaporn		Telephone 1:
First name: Thitichai		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Srisathaporn		Telephone 1:
First name: Supoj		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Danish Carbon Fund (DCF)		
Address: The World Bank 1818 H Street, NW Washington DC 20433 United States of America		
Party (country authorizing participation): Denmark		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Chassard		Telephone 1:
First name: Joelle		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Wang		Telephone 1:

First name: Tao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Government of Denmark - Ministry of Climate, Energy and Building	
Address: Amaliegade 44, 1256 Kobenhan K Denmark	
Party (country authorizing participation): Denmark	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Schmidt	Telephone 1:
First name: Frederik	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):