

## 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>   | Shalivahana Non-Conventional Renewable Sources Biomass Power Project   |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                         | 0591   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>M/s Shalivahana Green Energy Limited  |  |
| <b>Address:</b><br>Minerva Complex, 7th Floor, 94, S.D. Road, Secunderabad, Andhra Pradesh 500 003<br>India |  |
| <b>Party (country authorizing participation):</b><br>India  |  |
| <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: Komaraiah  | Telephone 1:   |
| First name: K   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Carbon Asset Services Sweden AB   |  |
| <b>Address:</b><br>C/o Tricorona AB, Drottninggatan 92-94, Stockholm 111 36<br>Sweden                       |  |
| <b>Party (country authorizing participation):</b><br>Sweden   |  |
| <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: von Zweigbergk   | Telephone 1:   |
| First name: Niels   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Carbon Asset Management Sweden AB   |  |
| <b>Address:</b><br>Kungsgatan 32, Stockholm 11135<br>Sweden   |  |
| <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: von Zweigbergk   | Telephone 1:   |
| First name: Niels   | Telephone 2 (optional):  |

|  |  |
|--|--|
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Svenska Cellulosa AB SCA   |  |
| <b>Address:</b><br>P.O. Box 7827, Stockholm 103 97<br>Sweden                                 |  |
| <b>Party (country authorizing participation):</b><br>Sweden                                  |  |
| <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: Eriksson  | Telephone 1:   |
| First name: Per-Erik   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Essent Energy Trading B.V.   |  |
| <b>Address:</b><br>Willemsplein 4/PO Box 689, s-Hertogenbosch 5211 AK/5201 AR<br>Netherlands |  |
| <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: Aliabadi  | Telephone 1:   |
| First name: Paymon   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |