

## 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>                                     | Wastewater Treatment with Biogas System in Palm Oil Mill at Kanjanadij, Surat Thani, Thailand                      |
| <b>Project / programme of activities reference number:</b><br>(if available)              | 4479   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>Saengsiri Agro-Industries Co., Ltd.                             |  |
| <b>Address:</b><br>57 Moo 5, Toongrang, Kanjanadij District<br>Surat Thani<br>Thailand    |  |
| <b>Party (country authorizing participation):</b><br>Thailand                             |  |
| <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: Sirianuntaphat   | Telephone 1:   |
| First name: Sontaya   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Danish Ministry of Climate and Energy                           |  |
| <b>Address:</b><br>Danish Energy Agency, 44 Amaliegade<br>DK-1256 Copenhagen K<br>Denmark |  |
| <b>Party (country authorizing participation):</b><br>Denmark                              |  |
| <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: Sorensen   | Telephone 1:   |
| First name: Ole Emmik   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |