

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	Sustainable Fuel Production Using Agricultural By-product In Place Of Traditional Wood Charcoal
Project / programme of activities reference number: (if available)	10416
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: SK energy Co., Ltd.	
Address: 26, Jong-ro Jongno-gu Seoul Republic of Korea	
Party (country authorizing participation): Myanmar	
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: Cho	Telephone 1:
First name: Seong Min	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: Koo	Telephone 1:
First name: Gum Ae	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: 4EN Inc.	
Address: 261, Doyak-ro Gyeonggi-do Bucheon si Republic of Korea	
Party (country authorizing participation): Myanmar	
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: Lee	Telephone 1:
First name: Ho Chul	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: Kim	Telephone 1:
First name: Sung Ji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):