

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 | Regional Biogas PoA |
| Project / programme of activities reference number: <i>(if available)</i> | 7892 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Felda Palm Industries Sdn. Bhd. | |
| Address: Balai Felda, 4th Floor, Jalan Gurney 1, 54000, Wilayah Persekutuan, Kuala Lumpur Malaysia | |
| Party (country authorizing participation): Malaysia | |
| 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: Busu | Telephone 1: |
| First name: Zainuri | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Ably Carbon Sdn. Bhd. | |
| Address: No. 17, Jalan Ipoh Kecil, 50350, Kuala Lumpur Malaysia | |
| Party (country authorizing participation): Malaysia | |
| 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: Vidaillet | Telephone 1: |
| First name: Stephane | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Ably Carbon SAS | |
| Address: 3, Rue Pelouze, Paris 75008 France | |
| Party (country authorizing participation): France | |
| 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Zirah | Telephone 1: |
| First name: Anne-Sophie | Telephone 2 (optional): |

| | |
|---------------------|--------------------|
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |