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	Song Cho 2 Hydro Power Project
Project / programme of activities reference number: *(if available)*	8860

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Perenia Pty. Ltd.		
Address: PO Box 627, North Sydney, NSW, 2059 Australia		
Party (country authorizing participation): Australia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Wiener		Telephone 1:
First name: Michael		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Andrew		Telephone 1:
First name: Jauncey		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Song Cho Hydro Power Joint Stock Company		
Address: 12A Yersin Street, Van Thanh Ward, Khanh Hoa Province, Viet Nam		
Party (country authorizing participation): Viet Nam		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Nguyen		Telephone 1:
First name: Tan Tai		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Nguyen		Telephone 1:
First name: Thi Kieu Mong Oanh		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EVN Finance Joint Stock Company	
Address: Level 6-7-9, No. 434 Tran Khat Chan Street, Hanoi, Viet Nam	
Party (country authorizing participation): Viet Nam	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Cao	Telephone 1:
First name: Thi Thu Ha	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Dang	Telephone 1:
First name: Thi Hong Hai	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):