

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 | |
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| Title of the project / programme of activities | Small hydro project at Sungai Brooke in Lojing, Gua Musang in Kelantan State in Malaysia |
| Project / programme of activities reference number: (if available) | 6910 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: ESBI Carbon Solutions Ltd. | |
| Address: 18/21 St Stephen's Green, Stephen Court, Dublin 2, Ireland | |
| Party (country authorizing participation): Ireland | |
| 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: Weinberg | Telephone 1: |
| First name: Edward | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Doyle | Telephone 1: |
| First name: Philip | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Pesaka Technologies Sdn. Bhd. | |
| Address: Level U1, Menara Yayasan Tun Razak, 200 Jalan Bukit Bintang, 55100 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Kamaruddin | Telephone 1: |
| First name: Norhayati | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Mansor | Telephone 1: |
| First name: Ahmad Firdaus | Telephone 2 (optional): |

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