

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 | Than Thien Small Hydropower Programme of Activities Managed by INTRACO |
| Project / programme of activities reference number: (if available) | 5324 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Investment and Trade Consultancy Company Limited (INTRACO) | |
| Address: Unit 1303, HITCC Building, 185 Giang Vo Street, Dong Da District, Hanoi City Viet Nam | |
| Party (country authorizing participation): Viet Nam | |
| 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: Dung | Telephone 1: |
| First name: Hoang | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Gunvor International B.V., Amsterdam, Geneva Branch | |
| Address: 14, Quai General Guisan 1204 Geneva Switzerland | |
| Party (country authorizing participation): Netherlands | |
| 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: de Groot | Telephone 1: |
| First name: Nyame | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: B.V. Mabanaft | |
| Address: Wilhelminakade 101 Maastoren(43rd Floor) 3072AP Rotterdam Netherlands | |
| Party (country authorizing participation): Netherlands | |
| 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"/> |

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|---------------------|-------------------------|
| Last name: Benders | Telephone 1: |
| First name: Ruben | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |