

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 | Nam Luc Hydro Power project |
| Project / programme of activities reference number: <i>(if available)</i> | 6446 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Perenia Pty Ltd, | |
| Address: PO Box 627 2059 North Sydney, NSW Australia | |
| Party (country authorizing participation): Australia | |
| 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: Wiener | Telephone 1: |
| First name: Michael | 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: Andrew | Telephone 1: |
| First name: Jauncey | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: ESACO Nam Luc Hydropower Plant Joint Stock Company | |
| Address: 15-17 Tran Quoc Thao Street Ward 6, District 3 Ho Chi Minh 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Dang | Telephone 1: |
| First name: Thi Xuan Mai | 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: Tran | Telephone 1: |

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|------------------------|-------------------------|
| First name: Viet Dzung | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |