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	Cerro Patacón Landfill Gas Utilization Project
Project / programme of activities reference number: *(if available)*	8962

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Corporación Andina de Fomento - CAF, acting for the benefit of IenM		
Address: Carrera 9, No. 76-49, piso 7 Bogotá Colombia		
Party (country authorizing participation): Netherlands		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Gomez		Telephone 1:
First name: Mary		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Rojas		Telephone 1:
First name: Camilo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Autoridad de Aseo Urbano y Domiciliario		
Address: Balboa Avenue, Multicentro Mall, 6th floor Ciudad de Panama Panama		
Party (country authorizing participation): Panama		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Navalo		Telephone 1:
First name: Zenon		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Perez Prieto		Telephone 1:
First name: Patricia Maria		Telephone 2 (optional):

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

Name of entity: Netherlands' Ministry of Infrastructure and the Environment ("IenM")	
Address: Plesmanweg 1-6, 2597 JG, P.O. Box 20901 2500 EX The Hague Netherlands	
Party (country authorizing participation): Netherlands	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Goote	Telephone 1:
First name: Maas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):