

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):