**SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS**

| Title of the project / programme of activities | Landfill gas recovery and combustion with renewable energy generation from sanitary landfill sites under Land Bank of the Philippines Carbon Finance Support Facility |
| Project / programme of activities reference number: (if available) | 6707 |

**SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES**

**Name of entity:**
Land Bank of the Philippines

**Address:**
Program Lending Group, 30/F LANDBANK Plaza, 1598 M.H. del Pilar cor. Dr. J. Quintos Sts., Malate, Manila 1004 Philippines

**Party (country authorizing participation):**
Philippines

**End-date of participation:** ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

**Contact details (primary authorized signatory):**
Mr. ☒ Ms. ☐
Last name: Tesorero
First name: Lucila
Email:
Fax (optional):
Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
Mr. ☐ Ms. ☒
Last name: Calado
First name: Prudencio III
Email:
Fax (optional):
Specimen signature: Date (dd/mm/yyyy):

**Name of entity:**
International Bank for Reconstruction and Development as Trustee of the Spanish Carbon Fund (SCF)

**Address:**
The World Bank, 1818 H. Street, NW, Washington DC 20433
United States of America

**Party (country authorizing participation):**
Spain

**End-date of participation:** ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

**Contact details (primary authorized signatory):**
Mr. ☒ Ms. ☐
Last name: Chassard
First name: Joëlle
Email:
Fax (optional):
Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
Mr. ☐ Ms. ☒
Last name: Wang
First name: Tao
Telephone 1:
<table>
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**Name of entity:**  
Kingdom of Spain - Ministry of Agriculture, Food and Environment

**Address:**  
Alcala, 92, Madrid 28009  
Spain

**Party (country authorizing participation):**  
Spain

**End-date of participation:**  
☒ N/A (participation is not limited in time)  ☐ dd/mm/yyyy

**Contact details (primary authorized signatory):**  
Mr. ☐  Ms. ☒  
Last name: Magro Andrade  
Telephone 1:  
First name: Susana  
Telephone 2 (optional):  
Email:  
Fax (optional):  
Specimen signature:  
Date (dd/mm/yyyy): |

**Contact details (alternate authorized signatory):**  
Mr. ☒  Ms. ☐  
Last name: Soler Vera  
Telephone 1:  
First name: Alberto  
Telephone 2 (optional):  
Email:  
Fax (optional):  
Specimen signature:  
Date (dd/mm/yyyy): |