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 | 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):**

| Last name: | Tesorero |
| First name: | Lucila |

**Contact details (alternate authorized signatory):**

| Last name: | Calado |
| First name: | Prudencio III |

**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):**

| Last name: | Chassard |
| First name: | Joëlle |

**Contact details (alternate authorized signatory):**

<p>| Last name: | Wang |
| First name: | Tao |</p>
<table>
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<tr>
<th>Email:</th>
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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):**
- Last name: Magro Andrade
- First name: Susana
- Email: 
- Specimen signature: Date (dd/mm/yyyy): 
  - Telephone 1: 
  - Telephone 2 (optional): 
  - Fax (optional): 

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

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