## **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		Dona Juana landfill gas-to-energy project	
Project / programme of activities reference number: (if available)		2554	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Biogas Dona Juana S.A. ESP			
Address: Calle 71A No. 5 – 38, Bogota Colombia			
Party (country authorizing partic Colombia	ipation):		
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	zed signatory):	Mr. ⋈ Ms. □	
Last name: Diez-Caballero		Telephone 1:	
First name: Jose Ramon		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Proactiva Colombia S.A.  Address: Calle 98 No. 9 – 03 0f. 805, Bogota Colombia  Party (country authorizing partic			
Colombia	F ).		
End-date of participation:	■ N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. ⊠ Ms.□	
Last name: Quevedo Whittenbury		Telephone 1:	
First name: Jose Manuel		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Name of entity: Veolia Proprete			
Address: 169 Avenue Georges Clemenceau, France	Nanterre 92735		
Party (country authorizing partic Colombia	ipation):		
End-date of participation:	Ind-date of participation:		
Contact details (primary authorized signatory):		Mr. ☑ Ms. □	
Last name: Crawford		Telephone 1:	
First name: Gary		Telephone 2 (optional):	

## CDM-MOC-FORM

Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
77				
Name of entity:				
Gas Natural SDG				
Address:				
Edif. A 10a Planta, Placa del Gas, 1,Barcelona 08003				
Spain				
Party (country authorizing participation):				
Colombia				
		<u>_</u>		
End-date of participation:	✓ N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □		
Last name: Puertas Agudo		Telephone 1:		
First name: Juan		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		