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	Pine Ridge Landfill Gas to Energy Project
Project / programme of activities reference number: *(if available)*	5620

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Sanitation Services Company Ltd.		
Address: Thackery Street, P.O. Box 40771, Freeport, GB Bahamas		
Party (country authorizing participation): Bahamas		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Carroll		Telephone 1:
First name: Lou		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Veolia Environmental Services – Solid Waste		
Address: 6050 SR 128, P.O. Box 468, 45041 Miamitown, Ohio United States of America		
Party (country authorizing participation): Bahamas		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Strube		Telephone 1:
First name: Ron		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Field		Telephone 1:
First name: Tyler		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Veolia Propreté		

Address: 169, Avenue Georges Clemenceau, 92735 Nanterre Cedex France	
Party (country authorizing participation): Bahamas	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Crawford	Telephone 1:
First name: Gary	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Bondois	Telephone 1:
First name: Lionel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):