

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	Wayang Windu Phase 2 Geothermal Power Project
Project / programme of activities reference number: <i>(if available)</i>	3193
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Star Energy Geothermal (Wayang Windu) Limited (MNL)	
Address: Wisma Barito Pacific, Star Energy Tower, 8th-11th, Jl Jend. S. Parman Kav 62-63 Jakarta 11410 Indonesia	
Party (country authorizing participation): Indonesia	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Tan	Telephone 1:
First name: Hendra	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Suparman	Telephone 1:
First name: Rudy	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Sindicatum Carbon Capital Ltd	
Address: Duke Street, 33 London W1U 1JY United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Wilkinson	Telephone 1:
First name: Richard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Phillips	Telephone 1:
First name: Gareth	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):