

## 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                       |                                                                                                                    |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                        | Hernic's Electricity Generation from Waste Gas Project                                                             |
| <b>Project / programme of activities reference number:</b><br>(if available) | 8956                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                            |                                                                                                                    |
| <b>Name of entity:</b><br>Hernic Ferrochrome (Pty) Ltd.                      |                                                                                                                    |
| <b>Address:</b><br>PO Box 4534, Brits, Gauteng, 0250<br>South Africa         |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>South Africa            |                                                                                                                    |
| <b>End-date of participation:</b>                                            | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                       | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Tauchi                                                            | Telephone 1:                                                                                                       |
| First name: Kenichiro                                                        | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                     |                                                                                                                    |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>         |                                                                                                                    |
| Last name: Swanepoel                                                         | Telephone 1:                                                                                                       |
| First name: Johan                                                            | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |