

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	Nam Ngum 5 Hydropower Project
Project / programme of activities reference number: <i>(if available)</i>	9038
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: CF Carbon Fund II Limited	
Address: Templar House, Don Road, St. Helier, United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Netherlands	
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: Norman	Telephone 1:
First name: Trevor	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Nam Ngum 5 Power Company Limited	
Address: 214, Unit 01, Ban Sokpaluang, Vientiane Capital, Lao People's Democratic Republic	
Party (country authorizing participation): Lao People's Democratic Republic	
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: Cai	Telephone 1:
First name: Bin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Nam Ngum 5 Power Company Limited	
Address: 214, Unit 01, Ban Sokpaluang, Vientiane Capital, Lao People's Democratic Republic	
Party (country authorizing participation): Thailand	
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: Cai	Telephone 1:
First name: Bin	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):