

## 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>	Thailand Small Scale Livestock Waste Management Program
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	8027
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Energy Research and Development Institute Nakornping of Chiang Mai University	
<b>Address:</b> 239 Huaykaew Rd., Chiang Mai University, Suthep, Chiang Mai, 50202 Thailand	
<b>Party (country authorizing participation):</b> Thailand	
<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: Rerkkriangkrai	Telephone 1:
First name: Prasert	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> International Bank for Reconstruction and Development as Trustee of the Carbon Fund for Europe	
<b>Address:</b> 1818 H Street, NW Washington DC 20433 United States of America	
<b>Party (country authorizing participation):</b> Portugal	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chassard	Telephone 1:
First name: Joelle	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: Wang	Telephone 1:
First name: Tao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Government of Portugal - Portuguese Carbon Fund	

<b>Address:</b> Rua da Murgueira, 9/9A, Apartado 7586, Zambujal, Alfragide Amadora 2611-865 Portugal	
<b>Party (country authorizing participation):</b> Portugal	
<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: Lacasta	Telephone 1:
First name: Nuno	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Enteirico	Telephone 1:
First name: Sandra	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):