

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	The programme to introduce renewable energy system into Jeju Island
Project / programme of activities reference number: <i>(if available)</i>	6584
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Jeju Special Self-Governing Province	
Address: 6, Munnyeon-ro Jeju-si, Jeju Special Self-governing Province, 690-700 Republic of Korea	
Party (country authorizing participation): Republic of Korea	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Jeong	Telephone 1:
First name: Soon	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: Cho	Telephone 1:
First name: Ki-seok	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ecoeye Co.,Ltd	
Address: 404-1, Baekhyeon-dong, Bundang-gu Seongnam-si, Gyeonggi-do 463-420 Republic of Korea	
Party (country authorizing participation): Republic of Korea	
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: Ha	Telephone 1:
First name: Sang-sun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Park	Telephone 1:

First name: Hye-mi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):