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	Avoided methane emission through aerobic composting at Vietstar municipal solid waste treatment facility
Project / programme of activities reference number: *(if available)*	5556

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Vietstar Joint Stock Company		
Address: Tay Bac Solid Waste Treatment Complex Zone, Thai My Commune, Cu Chi District Ho Chi Minh City Viet Nam		
Party (country authorizing participation): Viet Nam		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Vo		Telephone 1:
First name: Van Tuan		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: South Pole Carbon Invest Ltd.		
Address: Technoparkstrasse 1 8005 Zurich Switzerland		
Party (country authorizing participation): Switzerland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Heuberger		Telephone 1:
First name: Renat		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Grobbel		Telephone 1:
First name: Christoph		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Energy and Environment Consultancy Joint Stock Company		

Address: Floor 6, Lac Hong Building, Alley 85, Le Van Luong Street Hanoi Viet Nam	
Party (country authorizing participation): Viet Nam	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Tran	Telephone 1:
First name: Minh Tuyen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Dang	Telephone 1:
First name: Hong Hanh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):