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)		
Contact details (primary authoriz	ed 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 authoriz	ed 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):	