

## 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>                              | Lomati Biomass Power Generation Project in Mpumalanga Province   |
| <b>Project / programme of activities reference number:</b><br>(if available)       | 7476   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                  |  |
| <b>Name of entity:</b><br>ESBI Contracting Ltd                                     |  |
| <b>Address:</b><br>27 Lower Fitzwilliam Street, Dublin 2<br>Ireland                |  |
| <b>Party (country authorizing participation):</b><br>Ireland                       |  |
| <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: Weinberg  | Telephone 1:   |
| First name: Edward   | 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: Kealy   | Telephone 1:   |
| First name: Michael  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Lomati Energy (Pty) Ltd                                  |  |
| <b>Address:</b><br>48 Ameshoff Street, Braamfontein, Gauteng, 2001<br>South Africa |  |
| <b>Party (country authorizing participation):</b><br>South Africa                  |  |
| <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: Hawkes  | Telephone 1:   |
| First name: Tyrone   | 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: Myburgh   | Telephone 1:   |
| First name: Johan  | Telephone 2 (optional):  |

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