

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	Korat S.W. Group 2007 Wastewater Treatment and Biogas Utilization Project
Project / programme of activities reference number: (if available)	6214
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: RWE Power Aktiengesellschaft	
Address: Huyssenallee 2, 45128 Essen Germany	
Party (country authorizing participation): Germany	
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: Kons	Telephone 1:
First name: Ludwig	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: Aguilera Lagos	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Korat S.W. Group 2007 Co., Ltd.	
Address: 549 Moo 1, Sub-district Hua Thaley, District Muang Nakhonratchasima, Nakhonratchasima Province 30000 Thailand	
Party (country authorizing participation): Thailand	
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: Wongprasert	Telephone 1:
First name: Chaiya	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Agrinergy Pte Ltd.	

Address: 10 Hoe Chiang Road, # 08-04 Keppel Towers, 089315 Singapore Singapore	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Atkinson	Telephone 1:
First name: Ben	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):