

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	Taishir Hydropower Project in Mongolia
Project / programme of activities reference number: (if available)	0787
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: ENERGY AUTHORITY, Implementing Agency of the Government of Mongolia	
Address: Khan Uul Duureg, 3 Dugaar Khoroo , Chinggis Avenue, Ulaanbaatar 36 Mongolia	
Party (country authorizing participation): Mongolia	
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: Tsegmid	Telephone 1:
First name: Altangadas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The Chugoku Electric Power Co., Inc	
Address: 4-33, Komachi, Naka-ku, Hiroshima 730-8701 Japan	
Party (country authorizing participation): Japan	
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: Ikeda	Telephone 1:
First name: Koji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mitsubishi UFJ Securities Co., Ltd.	
Address: 2-4-1 Marunouchi, Chiyoda-ku, Tokyo 100-6317 Japan	
Party (country authorizing participation): Japan	
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: Kobayashi	Telephone 1:
First name: Yutaka	Telephone 2 (optional):

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