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	Kina Biopower 11.5MW EFB Power Plant
Project / programme of activities reference number: *(if available)*	0385

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Kina Biopower Sdn. Bhd.		
Address: 1st Floor, Lot 8 (1-1-1),Jalan Lintas, Kolam Centre Phase 3,Kota Kinabalu , Sabah 88300 Malaysia		
Party (country authorizing participation): Malaysia		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Tham		Telephone 1:
First name: Francis Kin Kong		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Agritech Marketing Co., Ltd		
Address: 2554-63 Hongyotoku,Ichikawa, Chiba 272-0103 Japan		
Party (country authorizing participation): Japan		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Atsuda		Telephone 1:
First name: Koichi		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Mitsubishi UFJ Securities Co., Ltd.		
Address: Mitsubishi Building, 2-5-2 Marunouchi, Chiyoda-ku, Tokyo 100-0005 Japan		
Party (country authorizing participation): Japan		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Hatano		Telephone 1:
First name: Junji		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Chubu Electric Power Co., Inc	
Address: 1 Higashi-Shincho, Higashi-ku, Nagoya 461-8680 Japan	
Party (country authorizing participation): Japan	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Kojima	Telephone 1:
First name: Mitsuhiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):