

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: <i>(if available)</i>	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:	<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: 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:	<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: 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:	<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: 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:	<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: Kojima	Telephone 1:
First name: Mitsuhiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):