

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	Huizhou Landfill Gas Recovery and Utilization Project
Project / programme of activities reference number: <i>(if available)</i>	3201
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Shenzhen PhasCon Technologies Co., Ltd	
Address: Room 1809, Fangda Plaza, Hi-Tech Park, Nanshan, Shenzhen , 518063 Guangdong China	
Party (country authorizing participation): China	
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: Yu	Telephone 1:
First name: Yuanqi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The Netherlands represented by its Ministry of Housing, Spatial Planning and the Environment acting through the International Finance Corporation as Trustee of the IFC-Netherlands Carbon Facility (INCaF)	
Address: International Financial Corporation, 2121 Pennsylvania Avenue, NW F 10K-1001, 20433 Washington DC United States of America	
Party (country authorizing participation): Netherlands	
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: Widge	Telephone 1:
First name: Vikram	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Netherlands' Ministry of Infrastructure and the Environment (IenM)	
Address: Rjinstraat 8, P.O. Box 30945, 2595 XP The Hague Netherlands	
Party (country authorizing participation): Netherlands	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>

Last name: Gerards	Telephone 1:
First name: Marisa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):