

## 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                                 |  |
|--|--|
| <b>Title of the project / programme of activities</b>                                  | Song Muc Hydro Power Station Regeneration Project in Vietnam   |
| <b>Project / programme of activities reference number:</b><br>(if available)           | 0435   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                      |  |
| <b>Name of entity:</b><br>AGRIMECO   |  |
| <b>Address:</b><br>Km 10 - 1A Highway, Thanh Tri<br>Hanoi<br>Viet Nam                  |  |
| <b>Party (country authorizing participation):</b><br>Viet Nam                          |  |
| <b>End-date of participation:</b>  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                 | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Thanh   | Telephone 1:   |
| First name: Tran Hau   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Tohoku Electric Power Co., Inc.                              |  |
| <b>Address:</b><br>7-1, Honcho, 1-Chome, Aoba-ku<br>Miyagi<br>980-8550 Sendai<br>Japan |  |
| <b>Party (country authorizing participation):</b><br>Japan                             |  |
| <b>End-date of participation:</b>  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                 | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Takahashi   | Telephone 1:   |
| First name: Kiyoaki  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |