

## 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>	Nam Pia Hydropower Project
<b>Project / programme of activities reference number:</b> (if available)	2627
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> The Kansai Electric Power Co., Inc.,	
<b>Address:</b> 3-6-16 Nakanoshima, Kita-ku, Osaka Japan	
<b>Party (country authorizing participation):</b> 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: Izumi	Telephone 1:
First name: Masahiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kadono	Telephone 1:
First name: Naoyoshi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Lam Son Construction and Trading Joint Stock Company	
<b>Address:</b> No. 234, Lane 8, Chu Van Trinh Street, Son La Town Viet Nam	
<b>Party (country authorizing participation):</b> 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: Truong	Telephone 1:
First name: Lam	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Nguyen	Telephone 1:
First name: Huong	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Energy and Environment Consultant Company Limited			
<b>Address:</b> Room 1210, Building 18T2, Le Van Luong Street, Hanoi Viet Nam			
<b>Party (country authorizing participation):</b> 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Dang		Telephone 1:	
First name: Hanh		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Tran		Telephone 1:	
First name: Minh Tuyen		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	