

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 | Methane Recovery in Wastewater Treatment, Project AIN07-W-04, Sumatera Utara, Indonesia |
| Project / programme of activities reference number: (if available) | 2130 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: PT AES AgriVerde Indonesia | |
| Address: Suite 25.10, Wisma 46, Kota BNI, Jl Jend.Sudirman Kav. 1, Jakarta 10220 Indonesia | |
| Party (country authorizing participation): Indonesia | |
| 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: Pasang | Telephone 1: |
| First name: Haskarlianus | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: AES AgriVerde Ltd. | |
| Address: 10 Queen Street, Suite 105, Gibbons Building, Hamilton HM11 Bermuda | |
| 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: Miller | Telephone 1: |
| First name: Mark A. | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |