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		Biomass Power Project of Gia Lai Cane Sugar and Thermoelectricity Joint Stock Company	
Project / programme of activities reference number: (if available)		8444	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Nordic Environment Finance Corpo	oration NEFCO in its cap	pacity as Fund Manager to the NEFCO Carbon Fund (NeCF)	
Address: Fabianinkatu 34, P.O. Box 249 Fl-00171 Helsinki Finland			
Party (country authorizing partic Sweden	ipation):		
End-date of participation:	☑ N/A (participation)	is not limited in time)	
Contact details (primary authoriz	zed signatory):	Mr. ⋈ Ms. □	
Last name: Sharma		Telephone 1:	
First name: Ash		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒	
Last name: Nyberg		Telephone 1:	
First name: Tina		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Gia Lai Cane Sugar and Thermoele Address: 561 Tran Hung Dao, Cheo Reo Wai		pany	
561 Tran Hung Dao, Cheo Reo Ward, Ayun Pa Town Gia Lai Province Viet Nam			
Party (country authorizing partic Viet Nam	ipation):		
End-date of participation:	☑ N/A (participation)	is not limited in time)	
Contact details (primary authoriz	ed signatory):	Mr. ⊠ Ms. □	
Last name: Cap Thanh		Telephone 1:	
First name: Dung		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Investment and Trade Consultancy	Company Limited (INT	RACO Co., Ltd.)	

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Address: Unit 501, Thai Ha Building, No. 18/11 Thai ha Street, Dong Da District Hanoi City Viet Nam			
Party (country authorizing participation):			
Viet Nam			
End-date of participation:	■ N/A (participation is not limited in time) □ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Hoang		Telephone 1:	
First name: Anh Dung		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	