

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	Nam Toong Hydro Power Project
Project / programme of activities reference number: (if available)	6837
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Perenia Pty Ltd	
Address: PO Box 627, North Sydney, NSW, 2059 Australia	
Party (country authorizing participation): Australia	
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: Wiener	Telephone 1:
First name: Michael	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Andrew	Telephone 1:
First name: Jauncey	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Sapa Hydroelectricity Power Company Limited	
Address: 9, Ho Xuan Huong Street, Pho Moi Ward, Lao Cai City, Lao Cai Province Viet Nam	
Party (country authorizing participation): Viet Nam	
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: Cu	Telephone 1:
First name: Manh Thuy	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Duong	Telephone 1:
First name: Tung Lam	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: EVN Finance Joint Stock Company			
Address: No 434, Tran Khat Chan Street, Level 6-7, Pho Hue Ward, Hai Ba, Trung District, Hanoi Viet Nam			
Party (country authorizing participation): Viet Nam			
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: Cao		Telephone 1:	
First name: Thi Thu Ha		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Dang		Telephone 1:	
First name: Thi Hong Hai		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	