

## 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>	Nubarashen Landfill Gas Capture and Power Generation Project in Yerevan
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	0069
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Municipality of Yerevan City	
<b>Address:</b> 1. Argishti Str. 375015 Yerevan City Armenia	
<b>Party (country authorizing participation):</b> Armenia	
<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: Zakharyan	Telephone 1:
First name: Ervand	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Shimizu Corporation	
<b>Address:</b> 1-2-3, Shibaura Seavans South Minato-ku 105-8007 Tokyo 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: Kurita	Telephone 1:
First name: Hiroyuki	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Hokkaido Electric Power Co., Inc.	
<b>Address:</b> 2-banchi, 1-Chome, Higashi, Ohdori Chuo-ku 060-8677 Sapporo, Hokkaido 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: Yokotsuji	Telephone 1:	
First name: Osamu	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
<b>Name of entity:</b> Mitsui & Co., Ltd.		
<b>Address:</b> 2-1, Ohtemachi 1-chome Chiyoda-ku 100-0004 Tokyo 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: Mataka	Telephone 1:	
First name: Daichi	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	