

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	Srisangdaw Biopower Power Plant Project
Project / programme of activities reference number: (if available)	3634
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Srisangdaw Biopower Co., Ltd.	
Address: 126 Moo 6 Sakoo Sub-District, Suvarnabhumi District, Roi-Et Province, 45130 Thailand	
Party (country authorizing participation): Thailand	
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: Srisangpang	Telephone 1:
First name: Panom	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: Srisangpang	Telephone 1:
First name: Warinthorn	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Carbon Partners Asiatica (Hong Kong) Co., Ltd.	
Address: Suite 1402 World Commerce Centre, 11 Canton Road, Tsim Sha Tsui, Kowloon Hong Kong	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Tochikawa	Telephone 1:
First name: Kyoko	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: Hatano	Telephone 1:
First name: Junji	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):