

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	Sahabat Empty Fruit Bunch Biomass Project
Project / programme of activities reference number: (if available)	0288
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Felda Palm Industries Sdn. Bhd.	
Address: 4th Floor, Balai Felda, Jalan Gurney Satu, Kuala Lumpur 54000 Malaysia	
Party (country authorizing participation): Malaysia	
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: Adnan	Telephone 1:
First name: Mohd Ramli	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities Ltd.	
Address: 21 Beaumont Street, Oxford OX1 2NH United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Kinkead	Telephone 1:
First name: Belinda	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities Ltd.	
Address: 21 Beaumont Street, Oxford OX1 2NH United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Switzerland	
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: Kinkead	Telephone 1:
First name: Belinda	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):