

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	Dalian Maoyingzi Landfill Gas Recovery for Power Generation Project
Project / programme of activities reference number: (if available)	2523
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Dalian PhasCon Technologies Co., Ltd.	
Address: PhasCon. I FG Power Station, Maoyingzi Landfill, Ganjingzi district Dalian Liaoning 113000 China	
Party (country authorizing participation): China	
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: Yu	Telephone 1:
First name: Yuan Qi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Finance Corporation as Trustee of the IFC-Netherlands Carbon Facility (INCaF)	
Address: 2121 Pennsylvania Avenue NW, F 3K-300, Washington DC 20433 United States of America	
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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Widge	Telephone 1:
First name: Vikram	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The State of the Netherlands, acting through its Ministry of Housing, Spatial Planning and the Environment (VROM)	
Address: Rijnstraat 8 / P.O. Box 30945, The Hague Netherlands	
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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: von Meijenfeldt	Telephone 1:
First name: Hugo	Telephone 2 (optional):

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