

## 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>  | Methane Recovery and Use of the Biogas in the Dak To Tapioca Starch Making Plant of APFCO, Vietnam                 |
| <b>Project / programme of activities reference number:</b><br>(if available)                   | 8752   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Quang Ngai Agricultural Products and Foodstuff Stock Company (APFCO) |  |
| <b>Address:</b><br>48 Pham Xuan Hoa Street, Quang Ngai City<br>Quang Ngai Province<br>Viet Nam |  |
| <b>Party (country authorizing participation):</b><br>Viet Nam                                  |  |
| <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: Vo Van  | Telephone 1:   |
| First name: Danh   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>                                       | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Le Ngoc   | Telephone 1:   |
| First name: Hinh   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>ecotawa AG   |  |
| <b>Address:</b><br>Breisacherstrasse 45<br>4057 Basel<br>Switzerland                           |  |
| <b>Party (country authorizing participation):</b><br>Switzerland                               |  |
| <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: Wunderlin   | Telephone 1:   |
| First name: Daniel   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>                                       | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Grutter   | Telephone 1:   |

|                     |                         |
|---------------------|-------------------------|
| First name: Jurg    | Telephone 2 (optional): |
| Email:              | Fax (optional):         |
| Specimen signature: | Date (dd/mm/yyyy):      |