

## 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>                                                                                           | Sungai Rek Mini Hydro, Kuala Krai, Kelantan, Malaysia                                                              |
| <b>Project / programme of activities reference number:</b><br>(if available)                                                                    | 4906                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                                               |                                                                                                                    |
| <b>Name of entity:</b><br>I.S. Energy Sdn. Bhd.                                                                                                 |                                                                                                                    |
| <b>Address:</b><br>c/o Maser (M) Sdn. Bhd. Suite 1904,19th Floor, Kenanga International, Jalan Sultan Ismail,<br>50250 Kuala Lumpur<br>Malaysia |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Malaysia                                                                                   |                                                                                                                    |
| <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: Adam                                                                                                                                 | Telephone 1:                                                                                                       |
| First name: Mat Seddek                                                                                                                          | 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: Mat Seddek                                                                                                                           | Telephone 1:                                                                                                       |
| First name: Ibrahim                                                                                                                             | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                                          | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                                             | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>EnergiMidt Handel A/S                                                                                                 |                                                                                                                    |
| <b>Address:</b><br>Tietgensvej 2-4<br>8600 Silkeborg<br>Denmark                                                                                 |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland                                       |                                                                                                                    |
| <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: Wurtz                                                                                                                                | Telephone 1:                                                                                                       |
| First name: Jorn                                                                                                                                | 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: Griem                                                                                                                                | Telephone 1:                                                                                                       |
| First name: John                                                                                                                                | Telephone 2 (optional):                                                                                            |

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