

## 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>	Korat Waste To Energy
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	1040
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Korat Waste To Energy Company Limited	
<b>Address:</b> 571 11 Moo 3, Suranaree Industrial Estate, Thombol Nong Bausala Muang District, Nahkon Ratchasima 30000 Thailand	
<b>Party (country authorizing participation):</b> Thailand	
<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: Donnelly	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Trading Emissions PLC	
<b>Address:</b> 3rd Floor, Exchange House, 54-62 Athol Street, Douglas, Isle of Man IM1 1JD United Kingdom of Great Britain and Northern Ireland	
<b>Party (country authorizing participation):</b> 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: Scales	Telephone 1:
First name: Philip	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Trading Emissions PLC	
<b>Address:</b> 3rd Floor, Exchange House, 54-62 Athol Street, Douglas, Isle of Man IM1 1JD United Kingdom of Great Britain and Northern Ireland	
<b>Party (country authorizing participation):</b> Switzerland	
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Last name: Scales	Telephone 1:
First name: Philip	Telephone 2 (optional):

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