

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	BAJ Tulang Bawang Factory tapioca starch wastewater biogas extraction and utilization project, Lampung Province, Republic of Indonesia
Project / programme of activities reference number: <i>(if available)</i>	4265
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: PT. BUDI ACID JAYA (BAJ)	
Address: Jl. H.R. Rasuna Said Kav C-6, Wisma Budi 8th, 9th Floor 12940 Jakarta Indonesia	
Party (country authorizing participation): Indonesia	
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: Tasmin	Telephone 1:
First name: Sudarmo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Winata	Telephone 1:
First name: Santoso	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Sumitomo Corporation (SC)	
Address: 1-8-11 Harumi, Harumi Triton Square Office Tower Y, Chuo-ku 104-8610 Tokyo Japan	
Party (country authorizing participation): Japan	
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: Akimitsu	Telephone 1:
First name: Madoka	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>

Last name: Ogata	Telephone 1:
First name: Tsuyoshi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):