# 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** | ID08-WWP-11, Methane Recovery in Wastewater Treatment, Jambi, Indonesia |
| **Project / programme of activities reference number:** *(if available)* | 2662 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** AES AgriVerde Ltd. | | |
| **Address:** 10, Queen Street, Suite 105, HM 11 Hamilton Bermuda | | |
| **Party (country authorizing participation):** Netherlands | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Perkowski | | Telephone 1: |
| First name: Leo | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** PT AES AgriVerde Indonesia | | |
| **Address:** Suite 25, 10 Wisma 46, Kota BNI, Jl.Jend. Sudirman Kav. 1 10220 Jakarta Indonesia | | |
| **Party (country authorizing participation):** Indonesia | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Perkowski | | Telephone 1: |
| First name: Leo | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |