

## 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>                              | Hagita POME Methane Avoidance project_NBPOL-P2                                                                     |
| <b>Project / programme of activities reference number:</b><br>(if available)       | 7454                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                  |                                                                                                                    |
| <b>Name of entity:</b><br>New Britain Palm Oil Limited (NBPOL)                     |                                                                                                                    |
| <b>Address:</b><br>PO Kimbe, Kimbe, West New Britain Province,<br>Papua New Guinea |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Papua New Guinea              |                                                                                                                    |
| <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: Goh                                                                     | Telephone 1:                                                                                                       |
| First name: Francis                                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                           | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Wong                                                                    | Telephone 1:                                                                                                       |
| First name: Christina                                                              | Telephone 2 (optional):                                                                                            |
| Email:                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                | Date (dd/mm/yyyy):                                                                                                 |