

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	Thai An Hydropower Project
Project / programme of activities reference number: (if available)	3711
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: The Kansai Electric Power Co., Inc.	
Address: 3-6-16 Nakanoshima, Kita-ku, Osaka Japan	
Party (country authorizing participation): Japan	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Izumi	Telephone 1:
First name: Masahiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Kazuno	Telephone 1:
First name: Hirofumi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Thai An Hydropower Joint Stock Company	
Address: Building A2, Ha Trung Area, Quang Trung Ward, Ha Giang Town, Ha Giang Province Viet Nam	
Party (country authorizing participation): Viet Nam	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Nguyen	Telephone 1:
First name: Quang Dao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Energy and Environment Consultancy Joint Stock Company	

Address: Room 1210, Building 18T2 Trung Hoa-Nhan Chinh, Le Van Luong Street, Hanoi Viet Nam	
Party (country authorizing participation): Viet Nam	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Dang	Telephone 1:
First name: Hong Hanh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Tran	Telephone 1:
First name: Minh Tuyen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	