

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 | Landfill Gas utilization at Seelong Sanitary Landfill, Malaysia |
| Project / programme of activities reference number: <i>(if available)</i> | 0927 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Southern Waste Management Sdn. Bhd. | |
| Address: 20 Jalan Wan Kadir 1, Taman Tun Dr. Ismail, Kuala Lumpur, Wilayah Persekutuan 60000 Malaysia | |
| Party (country authorizing participation): Malaysia | |
| 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: Ho | Telephone 1: |
| First name: De Leong | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Royal Danish Ministry of Foreign Affairs | |
| Address: 2, Asiatisk Plads, Copenhagen DK-1448 Denmark | |
| Party (country authorizing participation): Denmark | |
| 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: Blau | Telephone 1: |
| First name: Bjorn | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |