

## 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>	Programme of Activities for Small Scale Hydropower CDM in Sri Lanka
<b>Project / programme of activities reference number:</b> (if available)	9705
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Sri Lanka Carbon Fund (Pvt.) Ltd.	
<b>Address:</b> No. 980/4A, Wickramasinghe Place, Ethul Kotte Sri Lanka	
<b>Party (country authorizing participation):</b> Sri Lanka	
<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: Batagoda	Telephone 1:
First name: Suren	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ariyathilaka	Telephone 1:
First name: Mahesh	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Korea Environment Corporation	
<b>Address:</b> Environmental Research Complex, Kyungseo-dong, Seo-gu, Incheon Republic of Korea	
<b>Party (country authorizing participation):</b> Republic of Korea	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Kim	Telephone 1:
First name: Eun Young	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kim	Telephone 1:
First name: Won Tae	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Koho Trading & Consultancy (Pvt.) Ltd.	
<b>Address:</b> 25 Skelton Road, Colombo 5 Sri Lanka	
<b>Party (country authorizing participation):</b> Sri Lanka	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Hong	Telephone 1:
First name: Myungock	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):