

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	Programme of Activities for Small Scale Hydropower CDM in Sri Lanka
Project / programme of activities reference number: <i>(if available)</i>	9705
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Sri Lanka Carbon Fund (Pvt.) Ltd.	
Address: No. 980/4A, Wickramasinghe Place, Ethul Kotte Sri Lanka	
Party (country authorizing participation): Sri Lanka	
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: Batagoda	Telephone 1:
First name: Suren	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	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):
Name of entity: Korea Environment Corporation	
Address: Environmental Research Complex, Kyungseo-dong, Seo-gu, Incheon Republic of Korea	
Party (country authorizing participation): Republic of Korea	
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 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):
Contact details (alternate authorized signatory):	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):
Name of entity: Koho Trading & Consultancy (Pvt.) Ltd.	
Address: 25 Skelton Road, Colombo 5 Sri Lanka	
Party (country authorizing participation): Sri Lanka	
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 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):