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: *(if available)*	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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
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. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Hong	Telephone 1:
First name: Myungock	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):