

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	Magenko IYO Alam Sekitar Bercham Landfill Gas to Energy Project in Ipoh, Malaysia
Project / programme of activities reference number: (if available)	6812
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Magenko Renewables (Ipoh) Sdn. Bhd	
Address: Level 30, The Gardens North Tower, Mid Valley City, 59200 Kuala Lumpur 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: Liew	Telephone 1:
First name: Shan Sern	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: IYO Alam Sekitar Sdn. Bhd.	
Address: D-3-3A, Jalan Dato Seri Ahmad Said, Greentown Square, 30450 Ipoh, Perak 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: Raja Mohamad	Telephone 1:
First name: Raja Jamil	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Enerpro Carbon SA	
Address: 2, Kapodistriou Street & Akti Posidonos, 18531 Piraeus Greece	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Los	Telephone 1:
First name: Matthew C	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: Frangos	Telephone 1:
First name: Nicholas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	