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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐

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. ☒ Ms. ☐
Last name: Frangos	Telephone 1:
First name: Nicholas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):