

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 | |
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| Title of the project / programme of activities | Quezon City Controlled Disposal Facility Biogas Emission Reduction Project |
| Project / programme of activities reference number: (if available) | 1258 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Quezon City Government | |
| Address: Quezon City Hall, Elliptical Road, Quezon City – Metro Manila 1101 Philippines | |
| Party (country authorizing participation): Philippines | |
| 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: Belmonte Jr. | Telephone 1: |
| First name: Feliciano | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Pangea Green Energy Philippines, Incorporated | |
| Address: Pacific Star Building, 24/F Pacific Star Building, Makati Avenue, Makati City 1200 Philippines | |
| Party (country authorizing participation): Philippines | |
| 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: Fernan Campos | Telephone 1: |
| First name: Jennifer | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Pangea Green Energy S.r.l. | |
| Address: Corso Vittorio Emanuele II 83, Turin 10128 Italy | |
| Party (country authorizing participation): Italy | |
| 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: Micheli | Telephone 1: |
| First name: Federico | Telephone 2 (optional): |

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| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |