

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	Quezon City Controlled Disposal Facility Biogas Emission Reduction Project
Project / programme of activities reference number: <i>(if available)</i>	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):

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