

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	Gwangju metropolitan city sanitary landfill LFG power plant CDM project
Project / programme of activities reference number: <i>(if available)</i>	4294
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Gwangju Metropolitan City	
Address: Naebangro 111, Gwangju Metropolitan City Republic of Korea	
Party (country authorizing participation): Republic of Korea	
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: Kim	Telephone 1:
First name: Jin-Yang	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: Lee	Telephone 1:
First name: Gun Ha	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Gwangju Environmental Installations Co.	
Address: 753-1, Chipyeong-Dong, Seo-Gu Gwangju Metropolitan City Republic of Korea	
Party (country authorizing participation): Republic of Korea	
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: Kim	Telephone 1:
First name: Eung-Mo	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: Kim	Telephone 1:

First name: Ju-Oc	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Seohee Construction Co. Ltd.	
Address: Seohee Building, Gangnam-gu, Nonhyun-dong 165 Seoul City Republic of Korea	
Party (country authorizing participation): Republic of Korea	
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: Kang	Telephone 1:
First name: Seung-Kyun	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: Kim	Telephone 1:
First name: Chung-Yeoul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Ecoeye Co. Ltd.	
Address: 401 Building 2, Seven Ventrue Valley Complex 1, Sampyeong-dong 625, Bundang-gu Seongnam City Republic of Korea	
Party (country authorizing participation): Republic of Korea	
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: Jung	Telephone 1:
First name: Jae-Soo	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: Jang	Telephone 1:
First name: Sang-Hoon	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):