

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	Nittsu Fuel Efficiency Improvement with Digital Tachograph Systems on Road Freight Transportation CDM Project in Malaysia
Project / programme of activities reference number: (if available)	7455
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Nippon Express Co., Ltd.	
Address: 1-9-3 Higashi-Shimbashi, Minato-ku, 105-8322 Tokyo Japan	
Party (country authorizing participation): Japan	
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: Ando	Telephone 1:
First name: Nobuki	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: Iida	Telephone 1:
First name: Tomohiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Nittsu Research Institute and Consulting, Inc.	
Address: 1-9-3 Higashi-Shimbashi, Minato-ku, 105-8322 Tokyo Japan	
Party (country authorizing participation): Japan	
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: Yokoyama	Telephone 1:
First name: Keiichirou	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: Omi		Telephone 1:	
First name: Takaharu		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Nippon Express (Malaysia) Sdn. Bhd.			
Address: 10th Floor, West Tower, Wisma Consplant 1, No.2, Jalan SS 16/4, Selangor Darul Ehsan, 47500 Subang Jaya 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: Iwasaki		Telephone 1:	
First name: Tsutomu		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: Yee		Telephone 1:	
First name: Teck Choy (Mervin)		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Nittsu Transport Service (M) Sdn. Bhd.			
Address: Lot 4286, Batu 12, Jalan Balakong, Selangor Darul Ehsan, 43300 Seri Kembangan 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: Iwasaki		Telephone 1:	
First name: Tsutomu		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: Tee		Telephone 1:	
First name: Ching Pau (Billy)		Telephone 2 (optional):	
Email:		Fax (optional):	

Specimen signature:

Date (dd/mm/yyyy):