

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 | Biogas Recovery at Ulu Kanchong Palm Oil Mill |
| Project / programme of activities reference number: (if available) | 3125 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Biotec International S.C. | |
| Address: 35 Avenue de Pinsons 1410, Waterloo Belgium | |
| Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland | |
| 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: Conil | Telephone 1: |
| First name: Philippe | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Biotec International Asia Sdn Bhd | |
| Address: SV P5, Jalan Cinta Kasih, Country Heights, Kajang, Selangor, 43000 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: de Meerendré | Telephone 1: |
| First name: Kervyn | 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: Dzulkiflee | Telephone 1: |
| First name: Mohamad Reza | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Gan Teng Siew Realty Sdn Bhd | |
| Address: Ulu Kanchong Estate, Rantau, Negeri Sembilan 71209 Malaysia | |

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|---|--|
| 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: Tan | Telephone 1: |
| First name: Yaw Cho | 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: Ah Noi | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: _____ Date (dd/mm/yyyy): _____ | |