

## 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	
<b>Title of the project / programme of activities</b>	Regional Biogas PoA
<b>Project / programme of activities reference number:</b> (if available)	7892
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Felda Palm Industries Sdn. Bhd.	
<b>Address:</b> Balai Felda, 4th Floor, Jalan Gurney 1, 54000, Wilayah Persekutuan, Kuala Lumpur Malaysia	
<b>Party (country authorizing participation):</b> Malaysia	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Busu	Telephone 1:
First name: Zainuri	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Ably Carbon Sdn. Bhd.	
<b>Address:</b> No. 17, Jalan Ipoh Kecil, 50350, Kuala Lumpur Malaysia	
<b>Party (country authorizing participation):</b> Malaysia	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Vidaillet	Telephone 1:
First name: Stephane	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Ably Carbon SAS	
<b>Address:</b> 3, Rue Pelouze, Paris 75008 France	
<b>Party (country authorizing participation):</b> France	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Zirah	Telephone 1:
First name: Anne-Sophie	Telephone 2 (optional):

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