

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	Than Thien Small Hydropower Programme of Activities Managed by INTRACO
Project / programme of activities reference number: (if available)	5324
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Investment and Trade Consultancy Company Limited (INTRACO)	
Address: Unit 1303, HITCC Building, 185 Giang Vo Street, Dong Da District, Hanoi City Viet Nam	
Party (country authorizing participation): Viet Nam	
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: Dung	Telephone 1:
First name: Hoang	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Gunvor International B.V., Amsterdam, Geneva Branch	
Address: 14, Quai General Guisan 1204 Geneva Switzerland	
Party (country authorizing participation): Netherlands	
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 Groot	Telephone 1:
First name: Nyame	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: B.V. Mabanaft	
Address: Wilhelminakade 101 Maastoren(43rd Floor) 3072AP Rotterdam Netherlands	
Party (country authorizing participation): Netherlands	
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: Benders	Telephone 1:
First name: Ruben	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):