

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	Loma Los Colorados Landfill Gas Project
Project / programme of activities reference number: (if available)	0822
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: KDM S.A.	
Address: Alcalde Guzmán 0180, Quilicura, Santiago Chile	
Party (country authorizing participation): Chile	
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: León	Telephone 1:
First name: Fernando	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The Kansai Electric Power Co., Inc.	
Address: 3-6-16, Nakanoshima, Kita-ku, Osaka 530-8270 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: Toyama	Telephone 1:
First name: Koji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: URBASER, S.A.	
Address: Avda. Tenerife 4-6, 28703 San Sebastian de los Reyes, Madrid 28.700 Spain	
Party (country authorizing participation): Spain	
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: Cáceres Inostroza	Telephone 1:
First name: Sergio	Telephone 2 (optional):

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