

## 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   |  |
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| <b>Title of the project / programme of activities</b>  | Programme of Activities for Small Scale Hydropower CDM in Sri Lanka  |
| <b>Project / programme of activities reference number:</b><br>(if available)                           | 9705   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Sri Lanka Carbon Fund (Pvt.) Ltd.  |  |
| <b>Address:</b><br>No. 980/4A, Wickramasinghe Place, Ethul Kotte<br>Sri Lanka                          |  |
| <b>Party (country authorizing participation):</b><br>Sri Lanka   |  |
| <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: Batagoda  | Telephone 1:   |
| First name: Suren  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Ariyathilaka  | Telephone 1:   |
| First name: Mahesh   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Korea Environment Corporation  |  |
| <b>Address:</b><br>Environmental Research Complex, Kyungseo-dong, Seo-gu, Incheon<br>Republic of Korea |  |
| <b>Party (country authorizing participation):</b><br>Republic of Korea                                 |  |
| <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: Kim   | Telephone 1:   |
| First name: Eun Young  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Kim   | Telephone 1:   |
| First name: Won Tae  | Telephone 2 (optional):  |

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| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Koho Trading & Consultancy (Pvt.) Ltd. |  |
| <b>Address:</b><br>25 Skelton Road, Colombo 5<br>Sri Lanka       |  |
| <b>Party (country authorizing participation):</b><br>Sri Lanka   |  |
| <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: Hong  | Telephone 1:   |
| First name: Myungock   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |