

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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| Title of the project / programme of activities | Sichuan Laoyingyan Hydropower Project |
| Project / programme of activities reference number: (if available) | 8190 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Q.C.A. AG | |
| Address: Tellenstr. 34, CH-6056 Kaegiswil Switzerland | |
| Party (country authorizing participation): Switzerland | |
| 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: Rittner | Telephone 1: |
| First name: Frank | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Arcadia Energy (Suisse) S.A. | |
| Address: Route de Saint-Cergue 9, 1260 Nyon Switzerland | |
| Party (country authorizing participation): Switzerland | |
| 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: Rittner | Telephone 1: |
| First name: Frank | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Huili County Changquan Electric Co., Ltd. | |
| Address: Zhonghang Building, No. 550 of Shuncheng East Road, Liangshan Prefecture, Sichuan Province, China | |
| Party (country authorizing participation): China | |
| 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Han | Telephone 1: |

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|----------------------|-------------------------|
| First name: Xiaofang | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |