

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	Guangdong Huizhou LNG Power Generation Project
Project / programme of activities reference number: (if available)	1884
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Guangdong Huizhou LNG Power Co., Ltd.	
Address: Petrochemical Industrial Park of Daya Bay E & T Development Zone 516082 Huizhou 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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Huang	Telephone 1:
First name: Zhanxun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Netherlands CDM Facility (NCDMF)	
Address: 1818 H. Street NW - MSN MC-309 20433 Washington DC United States of America	
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: Evans	Telephone 1:
First name: James Warren	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The State of the Netherlands, acting through its Ministry of Housing, Spatial Planning and the Environment (VROM)	
Address: Rijnstraat 8 30945 2500 GX The Hague 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: De Jonge	Telephone 1:
First name: Lex	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):