

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	Low Pressure Gas Recovery Project of Shandong Weifang Hongrun Petrochemical Auxiliary Co., Ltd., China
Project / programme of activities reference number: (if available)	3775
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Weifang Hongrun Petrochemical Auxiliary Co., Ltd.	
Address: Middle section of Fushou Eastern Street of High and New Technology Industrial Development Zone, Weifang City, Shandong Province 262513 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: Wen	Telephone 1:
First name: Xueyuan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yan	Telephone 1:
First name: Guangqi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Electric Power Development Co., Ltd	
Address: 15-1, Ginza 6-Chome, Chuo-ku, Tokyo 104-8165 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: Tsukada	Telephone 1:
First name: Natsuki	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Mitsuyama	Telephone 1:
First name: Fumiaki	Telephone 2 (optional):

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