## 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 | Guizhou Tongren Lujiadong Hydropower Project |
| :---: | :---: |
| Project／programme of activities reference number： （if available） | 7540 |
| SECTION 2：LIST OF PROJECT PARTICIPANT ENTITY／IES |  |
| Name of entity： <br> Arcadia Energy（Suisse）S．A． |  |
| Address： <br> Route de Longeraie 7， 1110 Morges Switzerland |  |
| Party（country authorizing participation）： Switzerland |  |
| End－date of participation： $\mathrm{X}^{\text {N }}$ N／A（participatio | 区 N／A（participation is not limited in time）$\square \mathrm{dd} / \mathrm{mm} / \mathrm{yyyy}$ |
| Contact details（primary authorized signatory）： | Mr．$\boxtimes$ Ms．$\square$ |
| Last name：Rittner | Telephone 1： |
| First name：Frank | Telephone 2 （optional）： |
| Email： | Fax（optional）： |
| Specimen signature： | Date（dd／mm／yyyy）： |
| Name of entity： Q．C．A．AG |  |
| Address： <br> Tellenstr．34， CH－6056 Kaegiswil Switzerland |  |
| Party（country authorizing participation）： Switzerland |  |
| End－date of participation：${ }^{\text {a }}$ N／A（participatio | 区 N／A（participation is not limited in time）$\square \mathrm{dd} / \mathrm{mm} / \mathrm{yyyy}$ |
| Contact details（primary authorized signatory）： | Mr．区 Ms．$\square$ |
| Last name：Rittner | Telephone 1： |
| First name：Frank | Telephone 2 （optional）： |
| Email： | Fax（optional）： |
| Specimen signature： | Date（dd／mm／yyyy）： |
| Name of entity： Guizhou Lujiadong Electric Power Development Co．，Ltd． |  |
| Address： <br> NO．116，South Qingshui Road，Guizhou Province， Tongren China |  |
| Party（country authorizing participation）： China |  |
| End－date of participation：$\quad$ 区 N／A（participatio | $\boxtimes$ N／A（participation is not limited in time）$\square$ dd／mm／yyyy |
| Contact details（primary authorized signatory）： | Mr．区 Ms．$\square$ |


| Last name: Liu | Telephone 1: |
| :--- | :--- |
| First name: Wenhua | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
|  |  |

