

## 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   |  |
|--|--|
| <b>Title of the project / programme of activities</b>  | Sichuan Baishuijiang Duonuo Hydropower Project   |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>  | 8916   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Deutsche Bank AG, London Branch  |  |
| <b>Address:</b><br>Winchester House, 1 Great Winchester Street,<br>EC2N 2DB London<br>United Kingdom of Great Britain and Northern Ireland |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland                                  |  |
| <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: Orlando   | Telephone 1:   |
| First name: Brett  | 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: Sharma  | Telephone 1:   |
| First name: Sumit  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Jiuzhaigou Hydropower Development Co. Ltd.   |  |
| <b>Address:</b><br>Yongle Town, Jiuzhaigou County, A Ba Autonomous Prefecture, Sichuan Province,<br>China                                  |  |
| <b>Party (country authorizing participation):</b><br>China   |  |
| <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: Liu   | Telephone 1:   |
| First name: Yan  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |