# 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

<table>
<thead>
<tr>
<th>Title of the project / programme of activities</th>
<th>Municipal Solid Waste Incineration Project in Jingzhou City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project / programme of activities reference number: (if available)</td>
<td>6276</td>
</tr>
</tbody>
</table>

## SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES

### Name of entity:
Originate Carbon Limited

### Address:
PO Box 150, Herschel House
Herschel Street
SL1 1PG Slough
United Kingdom of Great Britain and Northern Ireland

### Party (country authorizing participation):
United Kingdom of Great Britain and Northern Ireland

### End-date of participation:
☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy

### Contact details (primary authorized signatory):
- Last name: Armstrong
- First name: Nicholas
- Telephone 1: 
- Telephone 2 (optional): 
- Email: 
- Fax (optional): 
- Specimen signature: Date (dd/mm/yyyy):

### Contact details (alternate authorized signatory):
- Last name: Shen
- First name: Xiaojing
- Telephone 1: 
- Telephone 2 (optional): 
- Email: 
- Fax (optional): 
- Specimen signature: Date (dd/mm/yyyy):

### Name of entity:
Jingzhou City Jimei Thermoelectric Co., Ltd

### Address:
Paima Village
Jinan Town
Jingzhou District
Jingzhou City, Hubei Province
China

### Party (country authorizing participation):
China

### End-date of participation:
☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy

### Contact details (primary authorized signatory):
- Last name: Wang
- First name: Yiqing
- Telephone 1: 
- Telephone 2 (optional): 
- Email: 
- Fax (optional): 
- Specimen signature: Date (dd/mm/yyyy):
| Contact details (alternate authorized signatory): | Mr. ☒ Ms. ☐
| Last name: Wang | Telephone 1: |
| First name: Hao | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |