

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 | Zhongdiantou Hami 20MW Grid-connected Solar Power Generation Project |
| Project / programme of activities reference number: <i>(if available)</i> | 7000 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Gazprom Marketing & Trading Singapore Pte. Ltd | |
| Address: Ocean Financial Center,10 Collyer Quay#41-00, 049315 Singapore | |
| Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland | |
| 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: Tait | Telephone 1: |
| First name: Arthur | 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: Buchner | Telephone 1: |
| First name: Philip | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: China Power Investment Corporation Xinjiang Energy Co., Ltd. | |
| Address: No. 66, Nanhu Street, Wulumuqi 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: Ma | Telephone 1: |
| First name: Dengfeng | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |