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	Jilin Anbai Gaosu Lesheng Wind Farm Phase II Project
Project / programme of activities reference number: *(if available)*	8003

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: UK DS Energy Limited		
Address: 4 Bagley House, Berber Parade London SE18 4GH 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):		Mr. ☐ Ms. ☒
Last name: Berry		Telephone 1:
First name: Ida		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: China Aviation Bai'an Renewable Energy Electricity Co., Ltd.		
Address: 1 North Dalai Road, Daan City Jilin 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):		Mr. ☒ Ms. ☐
Last name: Bian		Telephone 1:
First name: Shouhua		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Platinum Partners Value Arbitrage Fund, L.P.		
Address: Walker House, 87 Mary Street, George Town KYI-9002 Grand Cayman Cayman Islands		
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):		Mr. ☒ Ms. ☐

Last name: Schaefer	Telephone 1:
First name: Blake	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Rau	Telephone 1:
First name: Alex	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):