# 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** | Xinjiang A'letai Hua'ning Hydropower Project |
| **Project / programme of activities reference number:** *(if available)* | 7497 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
|---|---|

**Name of entity:**
GFACC (IOM) Limited

**Address:**
Burleigh Manor, Peel Road, Douglas, Isle of Man,
IM1 5EP
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: Helgason | Telephone 1: | |
| First name: Arni | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |

**Name of entity:**
Carbon & Energy Capital Co. LTD

**Address:**
Kissack Court, 29 Parliament Street, Ramsey, Isle of Man,
IM8 1AT
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: Ge | Telephone 1: | |
| First name: Wison | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |

**Name of entity:**
Xinjiang A'letai Hua'ning Hydropower Investment Developing Co., Ltd

**Address:**
No.13, Yinshui Road, A'letai City, Xinjiang Autonomous Region,
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: Shao | Telephone 1: | |

| First name: Zide | Telephone 2 (optional): |
|---|---|
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |