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	Zhongjieneng Suqian 2*12MW Biomass Direct Burning Power Plant Project
Project / programme of activities reference number: *(if available)*	0819

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Zhongjieneng Biomass Energy Investment Corporation		
Address: Room 804, Energy Conservation Mansion, No. 42 Xizhimen North St., Haidian District Beijing 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: Longsheng		Telephone 1:
First name: Li		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Carbon Resource Management Ltd.		
Address: Trafalgar House, Suite 416/417 11 Waterloo Place SW1Y 4AU London 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: Clarke		Telephone 1:
First name: Nicholas		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Vitol S.A.		
Address: Boulevard du Pont d'Arve 28 - Box 384 1211 Geneva Switzerland		
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: Fransen	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
Vitol S.A.

Address:
Boulevard du Pont d'Arve 28 - Box 384
1211 Geneva
Switzerland

Party (country authorizing participation):
Sweden

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Fransen	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
Vitol S.A.

Address:
Boulevard du Pont d'Arve 28 - Box 384
1211 Geneva
Switzerland

Party (country authorizing participation):
Switzerland

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Fransen	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):