

## 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").

| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>  |  |
|--|--|
| <b>Title of the project / programme of activities</b>  | Huaneng Yumen Qiaowan NO.3 North Phase I 48 MW Wind Power Project  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                                      | 7298   |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>   |  |
| <b>Name of entity:</b><br>Gazprom Marketing & Trading Singapore Pte. Ltd.  |  |
| <b>Address:</b><br>Ocean Financial Center, 10 Collyer Quay #41-00,<br>049315<br>Singapore                                |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland                |  |
| <b>End-date of participation:</b>  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>   | 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):   |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Bernard   | Telephone 1:   |
| First name: Franck   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Huaneng Renewables Corporation Limited   |  |
| <b>Address:</b><br>Floor 10 and 11, Huaneng Building, No.23 A, Fuxing Road, Haidian District,<br>100036 Beijing<br>China |  |
| <b>Party (country authorizing participation):</b><br>China   |  |
| <b>End-date of participation:</b>  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Ao  | Telephone 1:   |
| First name: Hai  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Liu   | Telephone 1:   |

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