

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	Shandong Yucheng Xinyuan Biomass Heat & Power ("Yucheng Biomass CHP")
Project / programme of activities reference number: (if available)	0811
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Shandong Yucheng Xinyuan Heat & Power Co., Ltd.	
Address: Youyi Road, High & new Technology Development Zone Shandong Province 251200 Yucheng 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: Zhenxian	Telephone 1:
First name: Yang	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:	<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: Clarke	Telephone 1:
First name: Nicholas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The New Energy and Industrial Technology Development Organization	
Address: 1310 Omiya-cho, Saiwai-ku, 18F Muza Kawasaki Central Tower Kanagawa 212-8554 Kawasaki Japan	

Party (country authorizing participation): Japan	
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: Yamamoto	Telephone 1:
First name: Takahiko	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):