

# CDM-MOC-FORM Form: ANNEX 1

|                                                                                          |                                                   |            |
|------------------------------------------------------------------------------------------|---------------------------------------------------|------------|
| <b>Date of submission</b>                                                                |                                                   | 23/05/2012 |
| <b>Section 1: Project Details</b>                                                        |                                                   |            |
| <b>1. Title of the CDM project activity</b>                                              | Hangzhou II Landfill Gas Power Generation Project |            |
| <b>2. Please state project ID Number if available</b>                                    | 5523                                              |            |
| <b>Section 2: List of project participants</b>                                           |                                                   |            |
| <b>Name of the entity:</b><br>Hangzhou Solid Waste Treatment Co., Ltd.                   |                                                   |            |
| <b>Party (country that authorised participation):</b><br>China                           |                                                   |            |
| <b>Contact details (primary authorised signatory):</b>                                   | Mr.                                               |            |
| Last name:<br>Lu                                                                         | Telephone:                                        |            |
| First name:<br>Jun                                                                       | Fax:                                              |            |
| Email:                                                                                   | Address:                                          |            |
| Specimen signature:                                                                      |                                                   |            |
| <b>Contact details (alternate authorised signatory):</b>                                 |                                                   |            |
| Last name:                                                                               | Telephone:                                        |            |
| First name:                                                                              | Fax:                                              |            |
| Email:                                                                                   | Address:                                          |            |
| Specimen signature:                                                                      |                                                   |            |
| <b>Name of the entity:</b><br>ICF - International Clean Fund LLC Lewes, Mendrisio Branch |                                                   |            |
| <b>Party (country that authorised participation):</b><br>Switzerland                     |                                                   |            |
| <b>Contact details (primary authorised signatory):</b>                                   | Mr.                                               |            |
| Last name:<br>Motta                                                                      | Telephone:                                        |            |
| First name:<br>Rinaldo                                                                   | Fax:                                              |            |
| Email:                                                                                   | Address:                                          |            |
| Specimen signature:                                                                      |                                                   |            |
| <b>Contact details (alternate authorised signatory):</b>                                 |                                                   |            |
| Last name:                                                                               | Telephone:                                        |            |
| First name:                                                                              | Fax:                                              |            |
| Email:                                                                                   | Address:                                          |            |
| Specimen signature:                                                                      |                                                   |            |