

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	Saihanba East 45.05 MW Windfarm Project
Project / programme of activities reference number: (if available)	0561
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Datang Chifeng Saihanba Wind Power Co., Ltd.	
Address: Junlong Plaza, Steel West Road, Inner Mongolia 024000 Chifeng 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: Liu	Telephone 1:
First name: Jun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Carbon Resource Management Ltd.	
Address: Suite 416/417 Trafalgar House 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: Essent Energy Trading B.V.	
Address: Willemspein 4 P.O. Box 689 5201 AR 's-Hertogenbosch Netherlands	
Party (country authorizing participation): Netherlands	

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐	
Last name: Savelkoul	Telephone 1:	
First name: Alexander	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Essent Trading International SA		
Address: 12-14, Rue des Glacis de Rive 1207 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: Aliabadi	Telephone 1:	
First name: Paymon	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):