

## 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                                                    |                                                                                                                    |
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| <b>Title of the project / programme of activities</b>                                                     | 30 MW WHR Project of Hongshi Group                                                                                 |
| <b>Project / programme of activities reference number:</b><br>(if available)                              | 1225                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                         |                                                                                                                    |
| <b>Name of entity:</b><br>Hongshi Group                                                                   |                                                                                                                    |
| <b>Address:</b><br>Office Building of Hongshi Group, Lanxi City, Zhejiang Province 321100<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: Zhang                                                                                          | Telephone 1:                                                                                                       |
| First name: Xiaohua                                                                                       | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                    | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                       | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>MGM Carbon Portfolio S.a.r.l.                                                   |                                                                                                                    |
| <b>Address:</b><br>1 B Heienhaff, Senningerberg, Luxembourg L-1736<br>Luxembourg                          |                                                                                                                    |
| <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: Monroy                                                                                         | Telephone 1:                                                                                                       |
| First name: Marco G.                                                                                      | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                    | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                       | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>MGM Carbon Portfolio S.a.r.l                                                    |                                                                                                                    |
| <b>Address:</b><br>1 B Heienhaff, Senningerberg, Luxembourg L-1736<br>Luxembourg                          |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Switzerland                                          |                                                                                                                    |
| <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: Monroy                                                                                         | Telephone 1:                                                                                                       |
| First name: Marco G.                                                                                      | Telephone 2 (optional):                                                                                            |

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| Email:                                                                                                                   | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                      | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Morgan Stanley & Co. International Plc.                                                        |                                                                                                                    |
| <b>Address:</b><br>20 Cabot Square, Canary Wharf, London E14 4QW<br>United Kingdom of Great Britain and Northern Ireland |                                                                                                                    |
| <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: Rankin                                                                                                        | Telephone 1:                                                                                                       |
| First name: Charles                                                                                                      | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                   | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                      | Date (dd/mm/yyyy):                                                                                                 |