## **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                                                              |                                                                           | Laiwu Iron & Steel Group Laigang Inc. 25MW Waste Gas<br>Power Generation Project |
| Project / programme of activities reference number: (if available)                                          |                                                                           | 1657                                                                             |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                           |                                                                           |                                                                                  |
| Name of entity:<br>Laiwu Iron & Steel Group Corp.                                                           |                                                                           |                                                                                  |
| Address: Gangcheng District, Laiwu City, Shandong Province, Youyi Street 38, Shandong Province 271104 China |                                                                           |                                                                                  |
| Party (country authorizing participation): China                                                            |                                                                           |                                                                                  |
| End-date of participation:                                                                                  | participation:   N/A (participation is not limited in time)  □ dd/mm/yyyy |                                                                                  |
| Contact details (primary authorized signatory):                                                             |                                                                           | Mr. ⋈ Ms. □                                                                      |
| Last name: Wang                                                                                             |                                                                           | Telephone 1:                                                                     |
| First name: Xingyuan                                                                                        |                                                                           | Telephone 2 (optional):                                                          |
| Email:                                                                                                      |                                                                           | Fax (optional):                                                                  |
| Specimen signature:                                                                                         |                                                                           | Date (dd/mm/yyyy):                                                               |
| Name of entity: RWE Power AG                                                                                |                                                                           |                                                                                  |
| Address: Rellinghauser Strasse 37, Essen 45128 Germany                                                      |                                                                           |                                                                                  |
| Party (country authorizing participation): Germany                                                          |                                                                           |                                                                                  |
| End-date of participation:                                                                                  | N/A (participation is not limited in time) ☐ dd/mm/yyyy                   |                                                                                  |
| Contact details (primary authorized signatory):                                                             |                                                                           | Mr. ⋈ Ms. □                                                                      |
| Last name: Fuebi                                                                                            |                                                                           | Telephone 1:                                                                     |
| First name: Michael                                                                                         |                                                                           | Telephone 2 (optional):                                                          |
| Email:                                                                                                      |                                                                           | Fax (optional):                                                                  |
| Specimen signature:                                                                                         |                                                                           | Date (dd/mm/yyyy):                                                               |