

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	Youshuishiti Hydroelectric Project
Project / programme of activities reference number: <i>(if available)</i>	1226
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Chongqing Wujiang Industry (Group) Co., Ltd.	
Address: Shuijingwan South Road, Qianjiang District 118 409000 Chongqing 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: Cao	Telephone 1:
First name: Hongwen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities Ltd.	
Address: 40/41 Park End Street OX1 1JD Oxford United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Netherlands	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Booth	Telephone 1:
First name: Sheila	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities Group plc	
Address: 40 Dawson Street 02 Dublin Ireland	
Party (country authorizing participation): Netherlands	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>

Last name: Booth	Telephone 1:
First name: Sheila	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: EcoSecurities Group plc	
Address: 40 Dawson Street 02 Dublin Ireland	
Party (country authorizing participation): Switzerland	
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Booth	Telephone 1:
First name: Sheila	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):