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: *(if available)*	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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒

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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Booth	Telephone 1:
First name: Sheila	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):