

## 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	
<b>Title of the project / programme of activities</b>	Youngduk Wind Park Project
<b>Project / programme of activities reference number:</b> (if available)	0290
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Youngduk Wind Power Co. Ltd.	
<b>Address:</b> San 24, Changpo-ri, Youngduk-eup, Youngduk-gun, Gyeongbuk Republic of Korea	
<b>Party (country authorizing participation):</b> Republic of Korea	
<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: Kim	Telephone 1:
First name: Kil-Won	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Unison Co., Ltd	
<b>Address:</b> 803, Cheonan, Jangsan-Ri, Soosin-Myun, Choongnam 330-882 Republic of Korea	
<b>Party (country authorizing participation):</b> Republic of Korea	
<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: Kim	Telephone 1:
First name: Doo-Hoon	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Ecoeye Co., Ltd	
<b>Address:</b> 153, Lordland EZ Building #607, Seongnam, Gu-mi dong 463-810 Republic of Korea	
<b>Party (country authorizing participation):</b> Republic of Korea	
<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: Jung	Telephone 1:
First name: Jae-su	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Marubeni Corporation		
<b>Address:</b> 4-2, Ohtemachi 1 Chome, Choiyoda-ku, Tokyo 100-8088 Japan		
<b>Party (country authorizing participation):</b> Japan		
<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: Kenji	Telephone 1:	
First name: Natori	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> BNP Paribas		
<b>Address:</b> 10 Harewood Avenue, London NW1 6AA United Kingdom of Great Britain and Northern Ireland		
<b>Party (country authorizing participation):</b> 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: Lloyd-Thomas	Telephone 1:	
First name: James	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):