

## 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><br>(if available)                         | 0290   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Youngduk Wind Power Co. Ltd.   |  |
| <b>Address:</b><br>San 24, Changpo-ri, Youngduk-eup, Youngduk-gun, Gyeongbuk<br>Republic of Korea    |  |
| <b>Party (country authorizing participation):</b><br>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><br>Unison Co., Ltd  |  |
| <b>Address:</b><br>803, Cheonan, Jangsan-Ri, Soosin-Myun, Choongnam 330-882<br>Republic of Korea     |  |
| <b>Party (country authorizing participation):</b><br>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><br>Ecoeye Co., Ltd  |  |
| <b>Address:</b><br>153, Lordland EZ Building #607, Seongnam, Gu-mi dong 463-810<br>Republic of Korea |  |
| <b>Party (country authorizing participation):</b><br>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><br>Marubeni Corporation  |  |                    |
| <b>Address:</b><br>4-2, Ohtemachi 1 Chome, Choiyoda-ku, Tokyo 100-8088<br>Japan                               |  |                    |
| <b>Party (country authorizing participation):</b><br>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><br>BNP Paribas   |  |                    |
| <b>Address:</b><br>10 Harewood Avenue, London NW1 6AA<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: Lloyd-Thomas   | Telephone 1:   |                    |
| First name: James   | Telephone 2 (optional):  |                    |
| Email:  | Fax (optional):  |                    |
| Specimen signature:   |  | Date (dd/mm/yyyy): |