

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	Tao River Haidianxia 60MW Hydropower Project in Gansu Province, China
Project / programme of activities reference number: <i>(if available)</i>	2882
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Sumitomo Corporation	
Address: Harumi Triton Square Office Tower Y1-8-11 Harumi, Chuo-ku 104-8610 Tokyo Japan	
Party (country authorizing participation): Japan	
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: Yamabe	Telephone 1:
First name: Naoshi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Choryo	Telephone 1:
First name: Masataka	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Gansu Diantou Jiudaxia Hydropower Development Co., Ltd.	
Address: No. 72, Gongyuan Road, Lintao County Gansu Province 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: Mei	Telephone 1:
First name: Xiaoning	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yan	Telephone 1:

First name: Xiaoqi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):