# 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** | Guizhou Kaiyang Nanjiang Hydropower Station Project |
| **Project / programme of activities reference number:** *(if available)* | 2501 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Guizhou Kaiyang Xinglong Hydropower Co., Ltd. | | |
| **Address:** C Building, A-zone of Zijiang garden at Kaiyang county of Guizhou province 550300 Guizhou province 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: Jiang | | Telephone 1: |
| First name: Dongcai | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** International Finance Corporation as Trustee of the IFC-Netherlands Carbon Facility (INCaF) | | |
| **Address:** 2121 Pennsylvania Avenue, NW, F 3K-300 20433 Washington DC United States of America | | |
| **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: Widge | | Telephone 1: |
| First name: Vikram | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** The State of the Netherlands, acting through its Ministry of Housing, Spatial Planning and the Environment (VROM) | | |
| **Address:** Rijnstraat 8 / P.O. Box 30945 2595 XP The Hague Netherlands | | |
| **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: von Meijenfeldt | Telephone 1: |
| First name: Hugo | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |