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").

Title of the project / programme of activities Project / programme of activities reference number: (if available) SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES Name of entity: Climate Change Capital Carbon Fund II s.à r.l. Address: 3 More London Riverside, SEI 2AQ London United Kingdom of Great Britain and Northern Ireland Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland End-date of participation: N/A (participation is not limited in time)	SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
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Contact details (primary authorized signatory): Last name: Bell First name: Mark Telephone 1: First name: Mark Telephone 2 (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Pearson Telephone 1: First name: Andrew Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Name of entity: Climate Change Capital Carbon Managed Account Limited Address: 3 More London Riverside, SE1 2AQ London United Kingdom of Great Britain and Northern Ireland Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy Contact details (primary authorized signatory): Mr. Ms. Last name: Bell Telephone 1: First name: Mark Telephone 2 (optional):					
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CDM-MOC-FORM

First name: Andrew		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Xiangtang Fuli Hydropower Co., Ltd.				
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Address: Chuankou Town of Minghe County	of Xiangtangxia in Oi	nghai Province		
China Chidalikou Town of Milighe County of Ataligtangxia in Qilighai Province				
Party (country authorizing partic	ipation):			
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: Salihai		Telephone 1:		
First name: Ma		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□		
Last name: Hong		Telephone 1:		
First name: Li		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		