

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	Hebei Baoding biomass combined stoves and heater (BCSH) Project 1
Project / programme of activities reference number: (if available)	3013
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Sindicatum Carbon Capital (Cayman) Limited	
Address: Sindicatum Carbon Capital (Cayman) Offices of Mourant Cayman Corporate Services Ltd., Harbour Centre, P.O. Box 1348, Grand Cayman KY 1-1108 Cayman Islands United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Kelly	Telephone 1:
First name: Nick	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: Phillips	Telephone 1:
First name: Gareth	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Hebei Milestone Biomass Energy Co Ltd	
Address: Room 2101, Shangde Plaza, No. 8 Kangle Street 050051 Shijiazhuang City, Hebei 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: Ho	Telephone 1:
First name: Benny	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: Wong	Telephone 1:
First name: Baron	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):