

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 | Tunlan Coal Mine Methane Utilization Project, Shanxi Province, People's Republic of China |
| Project / programme of activities reference number: <i>(if available)</i> | 3067 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Sindicatum Carbon Capital Ltd. | |
| Address: 33, Duke Street, W1U 1JY 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: | <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: Wilkinson | Telephone 1: |
| First name: Richard | 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: Shanxi Coking Coal Group Company Ltd. | |
| Address: Room 1607, No 1, Section 1, Xin Jin Ci Road, 030024 Taiyuan, Shanxi 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: Zhang | Telephone 1: |
| First name: Yunwen | 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: Wang | Telephone 1: |

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