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	Gansu Dunhuang Energy saving modification Project from surplus heat utilization of sodium sulfide furnace of Xiyu mining chemical industry
Project / programme of activities reference number: *(if available)*	6093

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Climate Protection Invest AG		
Address: Tellenstrasse 34 CH 6056 Kagiswil-Sarnen Switzerland		
Party (country authorizing participation): Switzerland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Rittner		Telephone 1:
First name: Frank		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Q.C.A. AG		
Address: Tellenstrasse 34 CH-6056 Kagiswil Switzerland		
Party (country authorizing participation): Switzerland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Rittner		Telephone 1:
First name: Frank		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Xiyu mining chemical industry Co., Ltd in Dunhuang City		
Address: No. 32, Yangguanzhong Road 736200 Dunhuang City, Gansu 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: Song	Telephone 1:
First name: Xianghui	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Yan	Telephone 1:
First name: Juncai	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):