

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	CECIC Gansu Yumen Changma No.3 Wind Farm Project
Project / programme of activities reference number: <i>(if available)</i>	4734
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: CECIC Wind-power (Gansu) Co., Ltd.	
Address: 12th Floor, A Building Jieneng Mansion, No. 42, Xizhimen North Street, Haidian District, Beijing 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: Yang	Telephone 1:
First name: Xuhua	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Chen	Telephone 1:
First name: Dongjuan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd	
Address: 2nd floor KR Toyosu Building, 5-4-9 Toyosu, Koto-ku, Tokyo 135-0061 Japan	
Party (country authorizing participation): Japan	
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: Watanabe	Telephone 1:
First name: Hajime	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: Toyofuku	Telephone 1:
First name: Masayuki	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):