

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	CGN Jinta Hongliuwa 9MW Grid-connected PV Power Generation Project
Project / programme of activities reference number: <i>(if available)</i>	7973
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Macquarie Bank Limited	
Address: Level 6, Ropemaker Place, 28 Ropemaker Street, EC2Y9HD London United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Australia	
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: Marlow	Telephone 1:
First name: John	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: Antao	Telephone 1:
First name: Rory	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: CGN Solar Energy Jinta Co., Ltd.	
Address: 21/F, Guang Yao Dong Fang Centre, No.100 of West 3rd Ring North Road, Haidian District, 100048 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Lei	Telephone 1:
First name: Xiaoyu	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: Shi	Telephone 1:

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