## **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  |                | Sanxia New Energy Kaiyuan Weiyuan Wind Farm Project |
| Project / programme of activities reference number: (if available)  |                | 8206  |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |                |   |
| Name of entity: EDF Trading Limited   |                |   |
| Address: 80, Victoria Street, Cardinal Place, SW1E5JL London United Kingdom of Great Britain and Northern Ireland |                |   |
| Party (country authorizing participation): France   |                |   |
| End-date of participation:   N/A (participation is not limited in time) □ dd/mm/yyyy                              |                |   |
| Contact details (primary authoriz   | ed signatory): | Mr.⊠ Ms.□   |
| Last name: Joubert  |                | Telephone 1:  |
| First name: François  |                | Telephone 2 (optional):                             |
| Email:  |                | Fax (optional):                                     |
| Specimen signature:   |                | Date (dd/mm/yyyy):                                  |
|   |                |   |
| Name of entity: Three Gorges New Energy Kaiyuan Wind Power Co., Ltd.  |                |   |
| Address: No. 383 Hada Road, Kaiyuan City, Liaoning Province,112300 China  |                |   |
| Party (country authorizing participation): China  |                |   |
| End-date of participation:  |                | is not limited in time)                             |
| Contact details (primary authorized signatory):   |                | Mr.⊠ Ms.□   |
| Last name: Wang   |                | Telephone 1:  |
| First name: Yiqun   |                | Telephone 2 (optional):                             |
| Email:  |                | Fax (optional):                                     |
| Specimen signature:   |                | Date (dd/mm/yyyy):                                  |
|   |                |   |
| Contact details (alternate authorized signatory):   |                | Mr. □ Ms.⊠  |
| Last name: Wang   |                | Telephone 1:  |
| First name: Hongye  |                | Telephone 2 (optional):                             |
| Email:  |                | Fax (optional):                                     |
| Specimen signature:   |                | Date (dd/mm/yyyy):                                  |
|   |                |   |
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