

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	Sichuan Xuecheng Hydropower Project
Project / programme of activities reference number: <i>(if available)</i>	6385
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Sichuan Huadian Zagunao Hydropower Development Co., Ltd.	
Address: Building B 16, Qingyang Industry Park, Sichuan Province, 610091 Chengdu 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: Li	Telephone 1:
First name: Lei	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: Xie	Telephone 1:
First name: Yijun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Vitol S.A.	
Address: PO Box 384, 1211, Boulevard du Pont-d'Arve 28, CH 1205, Geneva Switzerland	
Party (country authorizing participation): Switzerland	
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: Lagalisse	Telephone 1:
First name: Julien	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: Dunford	Telephone 1:

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