

## 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  |  |
|---|--|
| <b>Title of the project / programme of activities</b>   | Jilin Taonan Xinli 49.5MW Wind Power Project Phase II  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>   | 6179   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>Jilin Tong Li Wind Farm Power Co., Ltd.   |  |
| <b>Address:</b><br>First Floor, Jinhua Garment Factory<br>Guangming Nan Jie, Taonan County,<br>Jilin Province<br>Baicheng City<br>China |  |
| <b>Party (country authorizing participation):</b><br>China  |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Ji   | Telephone 1:   |
| First name: Haisheng  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Zhao   | Telephone 1:   |
| First name: Shuyan  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>GreenStream Network Plc   |  |
| <b>Address:</b><br>Lapinlahdenkatu 3, 4th Floor<br>00180 Helsinki<br>Finland  |  |
| <b>Party (country authorizing participation):</b><br>Finland  |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Nykanen  | Telephone 1:   |
| First name: Jussi   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |

|                     |                         |
|---------------------|-------------------------|
| Last name: Mikkanen | Telephone 1:            |
| First name: Pirita  | Telephone 2 (optional): |
| Email:              | Fax (optional):         |
| Specimen signature: | Date (dd/mm/yyyy):      |