

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	Jilin Taonan Xinli 49.5MW Wind Power Project Phase II
Project / programme of activities reference number: <i>(if available)</i>	6179
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Jilin Tong Li Wind Farm Power Co., Ltd.	
Address: First Floor, Jinhua Garment Factory Guangming Nan Jie, Taonan County, Jilin Province Baicheng City 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: Ji	Telephone 1:
First name: Haisheng	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: Zhao	Telephone 1:
First name: Shuyan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: GreenStream Network Plc	
Address: Lapinlahdenkatu 3, 4th Floor 00180 Helsinki Finland	
Party (country authorizing participation): Finland	
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: Nykanen	Telephone 1:
First name: Jussi	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: Mikkanen	Telephone 1:
First name: Pirita	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):