

# CDM-MOC-FORM Form: ANNEX 1

|   |   |            |
|---|---|------------|
| <b>Date of submission</b>   |   | 10/02/2012 |
| <b>Section 1: Project Details</b>   |   |            |
| <b>1. Title of the CDM project activity</b>                                   | Guangxi Wuming Jiaolong Alcohol Production Wastewater Treatment Project |            |
| <b>2. Please state project ID Number if available</b>                         | 4948  |            |
| <b>Section 2: List of project participants</b>                                |   |            |
| <b>Name of the entity:</b><br>Voestalpine AG                                  |   |            |
| <b>Party (country that authorised participation):</b><br>Austria              |   |            |
| <b>Contact details (primary authorised signatory):</b>                        | Mr.   |            |
| Last name:<br>Huemer  | Telephone:  |            |
| First name:<br>Gerold   | Fax:  |            |
| Email:  | Address:  |            |
| Specimen signature:   |   |            |
| <b>Contact details (alternate authorised signatory):</b>                      |   |            |
| Mr.   |   |            |
| Last name:<br>Pastl   | Telephone:  |            |
| First name:<br>Guenther   | Fax:  |            |
| Email:  | Address:  |            |
| Specimen signature:   |   |            |
| <b>Name of the entity:</b><br>Guangxi Wuming Jiaolong Alcohol Energy Co., Ltd |   |            |
| <b>Party (country that authorised participation):</b><br>China                |   |            |
| <b>Contact details (primary authorised signatory):</b>                        | Mr.   |            |
| Last name:<br>Xu  | Telephone:  |            |
| First name:<br>Yongsheng  | Fax:  |            |
| Email:  | Address:  |            |
| Specimen signature:   |   |            |
| <b>Contact details (alternate authorised signatory):</b>                      |   |            |
| Mr.   |   |            |
| Last name:<br>Pan   | Telephone:  |            |
| First name:<br>Nengxian   | Fax:  |            |
| Email:  | Address:  |            |
| Specimen signature:   |   |            |