

## 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").

| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>   |  |
|---|--|
| <b>Title of the project / programme of activities</b>   | Southern District Heating Network in Urumqi City   |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                               | 4295   |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>  |  |
| <b>Name of entity:</b><br>Carbon Resource Management Ltd  |  |
| <b>Address:</b><br>49 St. James's Street, SW1A 1JT London<br>United Kingdom of Great Britain and Northern Ireland |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland         |  |
| <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: Clarke   | Telephone 1:   |
| First name: Nicholas  | 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: Pickles  | Telephone 1:   |
| First name: Jim   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Urumqi Heating Supply Co., Ltd.   |  |
| <b>Address:</b><br>Tuanjie Road 1092,Urumqi,Xinjiang Uygur Autonomous Region,830049<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: Jiang  | Telephone 1:   |
| First name: Feng  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |