

## 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>	Hui'an MSW Incineration Project
<b>Project / programme of activities reference number:</b> (if available)	5828
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Fine Carbon Fund Ky	
<b>Address:</b> Lapinlahdenkatu 3, FI-00180 Helsinki Finland	
<b>Party (country authorizing participation):</b> 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):
<b>Name of entity:</b> Nordic Carbon Fund Ky	
<b>Address:</b> Lapinlahdenkatu 3, FI-00180 Helsinki Finland	
<b>Party (country authorizing participation):</b> 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):	
<b>Name of entity:</b> GreenStream Network Plc			
<b>Address:</b> Lapinlahdenkatu 3, FI-00180 Helsinki Finland			
<b>Party (country authorizing participation):</b> 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: Mikkonen		Telephone 1:	
First name: Pirita		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Fine Post-2012 Carbon Fund Ky			
<b>Address:</b> Lapinlahdenkatu 3, FI-00180 Helsinki Finland			
<b>Party (country authorizing participation):</b> 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: Mikkonen		Telephone 1:	
First name: Pirita		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	

<b>Name of entity:</b> C&G Environmental Protection (Hui'an) Co., Ltd	
<b>Address:</b> Angu Village, Shanxia Town, Hui'an County. Quanzhou, Fujian 362100 China	
<b>Party (country authorizing participation):</b> 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: Qiu	Telephone 1:
First name: Kai	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: Sheng	Telephone 1:
First name: Wenwen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	