

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	Qianguangtan Small Hydropower Project in Gansu Province
Project / programme of activities reference number: <i>(if available)</i>	3178
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Xiahe Hengsheng Hydropower Co., Ltd	
Address: No. 516, Nanbinhe East Road, Chengguan District, Lanzhou, Gansu Province 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: Ma	Telephone 1:
First name: Shuyuan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Climate Bridge Ltd.	
Address: 38-40 Southernhay East, EX1 1PE Exeter United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Hepburn	Telephone 1:
First name: Cameron	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: Laabs	Telephone 1:
First name: Mark	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Noble Carbon Credits Limited	

Address:

13, Gilford Road, 1st Floor, Gilford Hall, Sandymount, Dublin 4
Ireland

Party (country authorizing participation):

United Kingdom of Great Britain and Northern Ireland

End-date of participation:

N/A (participation is not limited in time) dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Ansorg

Telephone 1:

First name: Thorsten

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):