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: *(if available)*	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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
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. ☒ Ms. ☐
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):