# 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** | Inner Mongolia Wulanchabu Volan Cement Waste Heat Recovery Project |
| **Project / programme of activities reference number:** *(if available)* | 1730 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Inner Mongolia Volan Cement Group Co., Ltd. | | |
| **Address:** Volan industry area of Hongge'er township of Chayouhouqi, Inner Mongolian Autonomous Area 012400 Wulachabu 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: Yuan | | Telephone 1: |
| First name: Mu | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Climate Change Capital Carbon Fund II s.a r.l. | | |
| **Address:** 8-10 rue Mathias Hardt, BP 3023 L-1717 Luxembourg Luxembourg | | |
| **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: Bell | | Telephone 1: |
| First name: Mark | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Climate Change Capital Carbon Managed Account Limited | | |
| **Address:** 3 More London Riverside SE1 2AQ London 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: Bell | Telephone 1: |
| First name: Mark | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |