

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 | |
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| Title of the project / programme of activities | Guizhou Kaiyang Zijiang Hydropower Station Project |
| Project / programme of activities reference number: <i>(if available)</i> | 2574 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Guizhou Kaiyang Xinglong Hydropower Co., Ltd. | |
| Address: C Building, A-zone of Zijiang garden at Kaiyang county of Guizhou province 550300 Guizhou 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: Jiang | Telephone 1: |
| First name: Dongcai | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: International Finance Corporation as Trustee of the IFC-Netherlands Carbon Facility (INCaF) | |
| Address: 2121 Pennsylvania Avenue, NW, f 3K-300 20433 Washington DC United States of America | |
| Party (country authorizing participation): Netherlands | |
| 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: Widge | Telephone 1: |
| First name: Vikram | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: The State of the Netherlands, acting through its Ministry of Housing, Spatial Planning and the Environment (VROM) | |
| Address: Rijnstraat 8 / P.O. Box 30945 2595 XP The Hague Netherlands | |
| Party (country authorizing participation): Netherlands | |
| 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"/> |

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|----------------------------|-------------------------|
| Last name: von Meijenfeldt | Telephone 1: |
| First name: Hugo | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |