

# CDM-MOC-FORM Form: ANNEX 1

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|--|--|------------|
| <b>Date of submission</b>  |  | 08/02/2012 |
| <b>Section 1: Project Details</b>  |  |            |
| <b>1. Title of the CDM project activity</b>                                      | Anjiang Hydropower Project in Hunan Province |            |
| <b>2. Please state project ID Number if available</b>                            | 5295   |            |
| <b>Section 2: List of project participants</b>                                   |  |            |
| <b>Name of the entity:</b><br>CF Carbon Fund II Limited                          |  |            |
| <b>Party (country that authorised participation):</b><br>Sweden                  |  |            |
| <b>Contact details (primary authorised signatory):</b>                           | Mr.  |            |
| Last name:<br>Norman   | Telephone:                                   |            |
| First name:<br>Trevor  | Fax:   |            |
| Email:   | Address:                                     |            |
| Specimen signature:  |  |            |
| <b>Contact details (alternate authorised signatory):</b>                         |  |            |
| Last name:   | Telephone:                                   |            |
| First name:  | Fax:   |            |
| Email:   | Address:                                     |            |
| Specimen signature:  |  |            |
| <b>Name of the entity:</b><br>Guangshui Anjiang Hydropower Development Co., Ltd. |  |            |
| <b>Party (country that authorised participation):</b><br>China                   |  |            |
| <b>Contact details (primary authorised signatory):</b>                           | Mr.  |            |
| Last name:<br>Zhong  | Telephone:                                   |            |
| First name:<br>Dining  | Fax:   |            |
| Email:   | Address:                                     |            |
| Specimen signature:  |  |            |
| <b>Contact details (alternate authorised signatory):</b>                         |  |            |
| Last name:   | Telephone:                                   |            |
| First name:  | Fax:   |            |
| Email:   | Address:                                     |            |
| Specimen signature:  |  |            |