

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	Shenzhen Xiaping Landfill Gas Collection and Utilization Project
Project / programme of activities reference number: (if available)	0887
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Shenzhen Lisai Development Co. Ltd	
Address: Room 701A, Rongsheng Building, Bagua Sanlu Street, Futian District, Shenzhen City, Guangdong Province 518029 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: Huang	Telephone 1:
First name: Hanjian	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Climate Change Capital Carbon Fund s.à r.l.	
Address: 8-10, Rue Mathias Hardt, Luxembourg L-1717 Luxembourg	
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: Tepper	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Climate Change Capital Carbon Fund s.à r.l.	
Address: 8-10, Rue Mathias Hardt, Luxembourg L-1717 Luxembourg	
Party (country authorizing participation): Switzerland	
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: Tepper	Telephone 1:
First name: David	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):