## **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                                       |   | Dasili 5 MW Hydropower Project in Jiangxi Province |
| Project / programme of activities reference number: (if available)                   |   | 2762   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                    |   |  |
| Name of entity: Essent Energy Trading B.V.   |   |  |
| Address: Willemsplein 4, AK 's-Hertogenbosch 5211 Netherlands                        |   |  |
| Party (country authorizing participation): Netherlands                               |   |  |
| End-date of participation:   N/A (participation is not limited in time) □ dd/mm/yyyy |   |  |
| Contact details (primary authorized signatory):                                      |   | Mr. ⊠ Ms. □  |
| Last name: de Groot  |   | Telephone 1:                                       |
| First name: Nyame  |   | Telephone 2 (optional):                            |
| Email:   |   | Fax (optional):                                    |
| Specimen signature:  |   | Date (dd/mm/yyyy):                                 |
| Name of entity: Wuning Wandaohu Hydropower Development Co., Ltd                      |   |  |
| Address: 601 Room, 3 Unit, No 71, Gu'ai Road, Wuning County 332300 China             |   |  |
| Party (country authorizing participation): China                                     |   |  |
| End-date of participation:   | icipation:    N/A (participation is not limited in time) □ dd/mm/yyyy |  |
| Contact details (primary authorized signatory):                                      |   | Mr.⊠ Ms.□  |
| Last name: Fu  |   | Telephone 1:                                       |
| First name: Chen Wang  |   | Telephone 2 (optional):                            |
| Email:   |   | Fax (optional):                                    |
| Specimen signature:  |   | Date (dd/mm/yyyy):                                 |
|  |   |  |