

## 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").

| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                                      |                                                                                                                    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                                              | Sanquhar and Delta Small Hydro Power Projects                                                                      |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                | 0751                                                                                                               |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>                                           |                                                                                                                    |
| <b>Name of entity:</b><br>Hydro Power Free Lanka (Pvt) Ltd                                         |                                                                                                                    |
| <b>Address:</b><br>228, Havelock Road, Colombo 05, Western Province<br>Sri Lanka                   |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Sri Lanka                                     |                                                                                                                    |
| <b>End-date of participation:</b>                                                                  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                             | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Goybet                                                                                  | Telephone 1:                                                                                                       |
| First name: Alexis                                                                                 | Telephone 2 (optional):                                                                                            |
| Email:                                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>VOLTALIA                                                                 |                                                                                                                    |
| <b>Address:</b><br>100, Avenue Charles de Gaulle, Neuilly-sur-Seine, Ile de France 92200<br>France |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Switzerland                                   |                                                                                                                    |
| <b>End-date of participation:</b>                                                                  | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                             | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Ripert                                                                                  | Telephone 1:                                                                                                       |
| First name: Christophe                                                                             | Telephone 2 (optional):                                                                                            |
| Email:                                                                                             | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                | Date (dd/mm/yyyy):                                                                                                 |