

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	Guizhou Panjiang Coal Mine Methane Power Generation Project
Project / programme of activities reference number: (if available)	6928
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Guizhou Panjiang CBM Development & Utilization Co., Ltd.	
Address: Shijijinyuan Plaza, Commercial Business Centre, Building D 15F, Guizhou Province, 550081 Guiyang 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: Yang	Telephone 1:
First name: Shiliang	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Climate Bridge Ltd.	
Address: Level 2, 91-93 Buckingham Palace Road, SW1W 0RP London United Kingdom of Great Britain and Northern Ireland	
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: Berdugo	Telephone 1:
First name: Paul	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kolmetz	Telephone 1:
First name: Sven	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Luso Carbon Fund	

Address:

Torre 3, 10th Floor, Amoreiras, Rua Tierno Galvan,
1070-274 Lisbon
Portugal

Party (country authorizing participation):

Portugal

End-date of participation:

☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Souto

Telephone 1:

First name: Luis

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Rosado

Telephone 1:

First name: Francisco

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):