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		Guohua Dongying Hekou Phase IV Wind Farm Project	
Project / programme of activities reference number: <i>(if available)</i>		6294	
SECTION	2: LIST OF PROJEC	T PARTICIPANT ENTITY/IES	
Name of entity: Guohua (Dongying Hekou) New Er	nergy Co., Ltd.		
Address: Guohua Investment Building No. 3 South Road of Dongzhimen Dongcheng District Beijing China			
Party (country authorizing partic China	ipation):		
End-date of participation:	N/A (participation i	is not limited in time) dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. 🛛 Ms.	
Last name: Feng		Telephone 1:	
First name: Xuepei		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authori	zed signatory):	Mr. 🗖 Ms. 🛛	
Last name: Li	zeu signiter y).	Telephone 1:	
First name: Jia		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: ConocoPhillips (U.K.) Ltd.			
Address: 2 Portman Street W1H 6DU London United Kingdom of Great Britain ar	nd Northern Ireland		
Party (country authorizing partic United Kingdom of Great Britain ar			
End-date of participation:	■ N/A (participation i	is not limited in time) dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. 🛛 Ms.	
Last name: Stephen		Telephone 1:	
First name: Harty		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.	

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Last name: Beaumont		Telephone 1:
First name: Rogier		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Climate Bridge Ltd.		
Address: Suite 19D, Sanhe Centre 121 Yanping Rd., Jing'an District 200042 Shanghai China		
Party (country authorizing partic United Kingdom of Great Britain a		
End-date of participation:	\square N/A (participation is not limited in time) \square dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. 🛛 Ms.
Last name: Wyatt		Telephone 1:
First name: Alexander		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authori	zed signatory):	Mr. 🛛 Ms.
Last name: Laabs		Telephone 1:
Last name: Laabs		
		Telephone 2 (optional):
Last name: Laabs First name: Mark Email:		Telephone 2 (optional): Fax (optional):