

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	Gansu Datang Yumen 49 MW Wind Power Project
Project / programme of activities reference number: <i>(if available)</i>	1081
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Gansu Datang Yumen Wind Power Co., Ltd.	
Address: Anxi Road No. 152 Lanzhou City, Qilihe District 730050 Gansu Province 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: Bian	Telephone 1:
First name: Jun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Chubu Electric Power Co., Inc.	
Address: 1, Higashi-shincho, Higashi-ku Aichi Prefecture 461-8680 Nagoya Japan	
Party (country authorizing participation): Japan	
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: Takagi	Telephone 1:
First name: Hiroshi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Swedish Energy Agency	
Address: P.O. Box 310 SE-631 04 Eskilstuna Sweden	
Party (country authorizing participation): Sweden	
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: Bostrom	Telephone 1:
First name: Bengt	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):