

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 | |
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| 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 |

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| 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): |