

## 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                       |                                                                                                                    |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                        | Jilin Fuyu Sanjingzi Phase I Wind Farm Project                                                                     |
| <b>Project / programme of activities reference number:</b><br>(if available) | 8263                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                            |                                                                                                                    |
| <b>Name of entity:</b><br>Fine Post-2012 Carbon Fund Ky                      |                                                                                                                    |
| <b>Address:</b><br>Lapinlahdenkatu 3,<br>FI-00180 Helsinki<br>Finland        |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Finland                 |                                                                                                                    |
| <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: Nykanen                                                           | Telephone 1:                                                                                                       |
| First name: Jussi                                                            | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                     | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Mikkanen                                                          | Telephone 1:                                                                                                       |
| First name: Pirita                                                           | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Climate Opportunity Fund Ky                        |                                                                                                                    |
| <b>Address:</b><br>Lapinlahdenkatu 3,<br>FI-00180 Helsinki<br>Finland        |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Finland                 |                                                                                                                    |
| <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: Nykanen                                                           | Telephone 1:                                                                                                       |
| First name: Jussi                                                            | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                     | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Mikkanen                                                          | Telephone 1:                                                                                                       |
| First name: Pirita                                                           | Telephone 2 (optional):                                                                                            |

|                                                                                                                          |                 |                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------|--|
| Email:                                                                                                                   | Fax (optional): |                                                                                                                    |  |
| Specimen signature:                                                                                                      |                 | Date (dd/mm/yyyy):                                                                                                 |  |
| <b>Name of entity:</b><br>GreenStream Network Plc                                                                        |                 |                                                                                                                    |  |
| <b>Address:</b><br>Lapinlahdenkatu 3,<br>Finland                                                                         |                 |                                                                                                                    |  |
| <b>Party (country authorizing participation):</b><br>Finland                                                             |                 |                                                                                                                    |  |
| <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: Nykanen                                                                                                       |                 | Telephone 1:                                                                                                       |  |
| First name: Jussi                                                                                                        |                 | Telephone 2 (optional):                                                                                            |  |
| Email:                                                                                                                   |                 | Fax (optional):                                                                                                    |  |
| Specimen signature:                                                                                                      |                 | Date (dd/mm/yyyy):                                                                                                 |  |
| <b>Contact details (alternate authorized signatory):</b>                                                                 |                 | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |  |
| Last name: Mikkonen                                                                                                      |                 | Telephone 1:                                                                                                       |  |
| First name: Pirita                                                                                                       |                 | Telephone 2 (optional):                                                                                            |  |
| Email:                                                                                                                   |                 | Fax (optional):                                                                                                    |  |
| Specimen signature:                                                                                                      |                 | Date (dd/mm/yyyy):                                                                                                 |  |
| <b>Name of entity:</b><br>Fuyu County Chengrui Wind Energy Co., Ltd.                                                     |                 |                                                                                                                    |  |
| <b>Address:</b><br>Room 606, Block A, Pengrun-Haoyuan Building, No.88, Caihuying East Street,<br>100054 Beijing<br>China |                 |                                                                                                                    |  |
| <b>Party (country authorizing participation):</b><br>China                                                               |                 |                                                                                                                    |  |
| <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: Han                                                                                                           |                 | Telephone 1:                                                                                                       |  |
| First name: Dong                                                                                                         |                 | Telephone 2 (optional):                                                                                            |  |
| Email:                                                                                                                   |                 | Fax (optional):                                                                                                    |  |
| Specimen signature:                                                                                                      |                 | Date (dd/mm/yyyy):                                                                                                 |  |
| <b>Contact details (alternate authorized signatory):</b>                                                                 |                 | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |  |
| Last name: Wang                                                                                                          |                 | Telephone 1:                                                                                                       |  |
| First name: Lei                                                                                                          |                 | Telephone 2 (optional):                                                                                            |  |
| Email:                                                                                                                   |                 | Fax (optional):                                                                                                    |  |
| Specimen signature:                                                                                                      |                 | Date (dd/mm/yyyy):                                                                                                 |  |