

## 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>                            | e7 Galapagos / San Cristobal Wind Power Project                                                                    |
| <b>Project / programme of activities reference number:</b><br>(if available)     | 1255                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                |                                                                                                                    |
| <b>Name of entity:</b><br>Eólica San Cristóbal S.A.                              |                                                                                                                    |
| <b>Address:</b><br>Miguel Burbano N48-236 – P.O. Box 17, Quito 21-295<br>Ecuador |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Ecuador                     |                                                                                                                    |
| <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: Ventimillia                                                           | Telephone 1:                                                                                                       |
| First name: Luis                                                                 | Telephone 2 (optional):                                                                                            |
| Email:                                                                           | Fax (optional):                                                                                                    |
| Specimen signature:                                                              | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>RWE Power AG                                           |                                                                                                                    |
| <b>Address:</b><br>Rellinghauserstrasse, 37 45128 Essen<br>Germany               |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Germany                     |                                                                                                                    |
| <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: Fuebi                                                                 | Telephone 1:                                                                                                       |
| First name: Michael                                                              | Telephone 2 (optional):                                                                                            |
| Email:                                                                           | Fax (optional):                                                                                                    |
| Specimen signature:                                                              | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                         | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Baumann                                                               | Telephone 1:                                                                                                       |
| First name: Klaus                                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                                           | Fax (optional):                                                                                                    |
| Specimen signature:                                                              | Date (dd/mm/yyyy):                                                                                                 |