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	Shenmu County Jieneng Multipurpose Use Power Co. Ltd. 100MW Semi-coke Waste Gas for Power Generation Project
Project / programme of activities reference number: *(if available)*	2964

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Shenmu County Jieneng Multipurpose Use Power Co., Ltd.		
Address: Ningtiaota Industrial Park, Sunjiacha , Shenmu County, Shaanxi Province China		
Party (country authorizing participation): China		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Sun		Telephone 1:
First name: Heping		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Lian		Telephone 1:
First name: Qiaoli		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Climate Change Investment II S.A. SICAR		
Address: 4, Place de Strasbourg, L-2562 Luxembourg Luxembourg		
Party (country authorizing participation): Luxembourg		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Schulte		Telephone 1:
First name: Martin		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Macquarie Bank Limited		

Address: Level 35, Citypoint 1, Ropemaker Street, London EC2Y 9HD United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Marlow	Telephone 1:
First name: John	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Cooley	Telephone 1:
First name: Morgan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):