# 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** | Lushui County Lamenga 2nd level hydro power project |
| **Project / programme of activities reference number:** *(if available)* | 7604 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Nujiang Zaifeng Hydropower Development Co., Ltd. | | |
| **Address:** Bayi Road, Liuku Town, Lushui County, Nujiang Autonomous Prefecture, Yunnan 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: Chen | | Telephone 1: |
| First name: Wentao | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Arcadia Energy (Suisse) S.A. | | |
| **Address:** Route de Longeraie 7, Morges Switzerland | | |
| **Party (country authorizing participation):** Switzerland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Rittner | | Telephone 1: |
| First name: Frank | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Q.C.A. AG | | |
| **Address:** Tellenstr. 34, CH-6056 Kaegiswil Switzerland | | |
| **Party (country authorizing participation):** Switzerland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Rittner | | Telephone 1: |

| | |
|---|---|
| First name: Frank | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |