

## 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>                                                                         | Mazongshan No.2 Wind Farm Area A Project                                                                           |
| <b>Project / programme of activities reference number:</b><br>(if available)                                                  | 9158                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                             |                                                                                                                    |
| <b>Name of entity:</b><br>CECEP (Subei) Wind-Power Co., Ltd.                                                                  |                                                                                                                    |
| <b>Address:</b><br>12F, A Building Jieneng Mansion, No.42 Xizhimen North Street, Haidian District,<br>100082 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Chen                                                                                                               | Telephone 1:                                                                                                       |
| First name: Dongjuan                                                                                                          | 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: Shen                                                                                                               | Telephone 1:                                                                                                       |
| First name: Hongshuai                                                                                                         | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                        | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                           | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Department of Climate Change, National Development and Reform Commission of China                   |                                                                                                                    |
| <b>Address:</b><br>38# Yuetan South Street, Xicheng District,<br>100824 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Sun                                                                                                                | Telephone 1:                                                                                                       |
| First name: Cuihua                                                                                                            | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                        | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                           | Date (dd/mm/yyyy):                                                                                                 |