# 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** | Waste Heat Recovery and Utilisation for Power Generation Project of Chizhou Conch Cement Company Limited |
| **Project / programme of activities reference number:** *(if available)* | 7285 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Chizhou Conch Cement Company Limited | | |
| **Address:** Niutoushan Village, Chizhou City, Anhui Province, 247115 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: Gan | | Telephone 1: |
| First name: Shuanglun | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Barclays Bank PLC | | |
| **Address:** 5 North Colonnade, E14 4BB London 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: Nath | | Telephone 1: |
| First name: Avtansini | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Camco International Limited | | |
| **Address:** Channel House,Green Street, Jersey, Channel Islands, JE2 4UH St Helier 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: Zhang | Telephone 1: |
| First name: Yuzhong | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Urgel Esteban | Telephone 1: |
| First name: Beatriz | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |