

## 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>                                                                                        | Liaoning Longyuan Kangping Shajintai Wind Power Project                                                            |
| <b>Project / programme of activities reference number:</b><br>(if available)                                                                 | 6926                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                                            |                                                                                                                    |
| <b>Name of entity:</b><br>EDF Trading Limited                                                                                                |                                                                                                                    |
| <b>Address:</b><br>80, Victoria Street, Cardinal Place, 3rd Floor,<br>SW1E5JL London<br>United Kingdom of Great Britain and Northern Ireland |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>France                                                                                  |                                                                                                                    |
| <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: Joubert                                                                                                                           | Telephone 1:                                                                                                       |
| First name: Francois                                                                                                                         | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Longyuan Kangping Wind Power Co., Ltd.                                                                             |                                                                                                                    |
| <b>Address:</b><br>Floor 7, Tower C, International Investment Building, No. 6-9 Fuchengmen North Street,<br>100034 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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Huang                                                                                                                             | Telephone 1:                                                                                                       |
| First name: Qun                                                                                                                              | 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: Wang                                                                                                                              | Telephone 1:                                                                                                       |
| First name: Yao                                                                                                                              | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                                          | Date (dd/mm/yyyy):                                                                                                 |