

## 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>  | Jiangsu Qishuyan Natural Gas Based Power Generation Project  |
| <b>Project / programme of activities reference number:</b><br>(if available)   | 2382   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Jiangsu Huadian Qishuyan Electric Power Co., Ltd.  |  |
| <b>Address:</b><br>No.368 Yanling East Road, Changzhou City, Jiangsu Province 213011<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: Ge  | Telephone 1:   |
| First name: Jianguo  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>EcoSecurities Group Plc  |  |
| <b>Address:</b><br>40 Dawson Street, Dublin 02<br>Ireland  |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland            |  |
| <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: Wobbe   | Telephone 1:   |
| First name: Robin  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Deutsche Bank AG   |  |
| <b>Address:</b><br>1 Great Winchester Street, London EC2N2DB<br>United Kingdom of Great Britain and Northern Ireland |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland            |  |
| <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: Costa-Dsa   | Telephone 1:   |
| First name: David  | Telephone 2 (optional):  |

|                     |                    |
|---------------------|--------------------|
| Email:              | Fax (optional):    |
| Specimen signature: | Date (dd/mm/yyyy): |