

**CDM-MOC-FORM Form: ANNEX 1**

|   |   |            |
|---|---|------------|
| <b>Date of submission</b>   |   | 22/02/2012 |
| <b>Section 1: Project Details</b>   |   |            |
| <b>1. Title of the CDM project activity</b>                                 | Hubei Baokang Siping Hydropower Station |            |
| <b>2. Please state project ID Number if available</b>                       | 3052                                    |            |
| <b>Section 2: List of project participants</b>                              |   |            |
| <b>Name of the entity:</b><br>RWE Power AG                                  |   |            |
| <b>Party (country that authorised participation):</b><br>Germany            |   |            |
| <b>Contact details (primary authorised signatory):</b>                      | Mr.                                     |            |
| Last name:<br>Kons  | Telephone:                              |            |
| First name:<br>Ludwig   | Fax:                                    |            |
| Email:  | Address:                                |            |
| Specimen signature:   |   |            |
| <b>Contact details (alternate authorised signatory):</b>                    | Mr.                                     |            |
| Last name:<br>Aguilera Lagos  | Telephone:                              |            |
| First name:<br>Antonio  | Fax:                                    |            |
| Email:  | Address:                                |            |
| Specimen signature:   |   |            |
| <b>Name of the entity:</b><br>Hubei Siping Hydropower Development Co., Ltd. |   |            |
| <b>Party (country that authorised participation):</b><br>China              |   |            |
| <b>Contact details (primary authorised signatory):</b>                      | Mr.                                     |            |
| Last name:<br>Feng  | Telephone:                              |            |
| First name:<br>Xinsheng   | Fax:                                    |            |
| Email:  | Address:                                |            |
| Specimen signature:   |   |            |
| <b>Contact details (alternate authorised signatory):</b>                    |   |            |
| Last name:  | Telephone:                              |            |
| First name:   | Fax:                                    |            |
| Email:  | Address:                                |            |
| Specimen signature:   |   |            |