

## 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>                                                                    | Fuhui Inner Mongolia Tugurige Wind Farm Project                                                                    |
| <b>Project / programme of activities reference number:</b><br>(if available)                                             | 2038                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                        |                                                                                                                    |
| <b>Name of entity:</b><br>Bayannaoer Wulatezhongqi Fuhui Wind Power Co., Ltd.                                            |                                                                                                                    |
| <b>Address:</b><br>Room 1602, Fuhai Tower, No.17, Daliushu Road, Haidian District, Beijing 100081<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: Yang                                                                                                          | Telephone 1:                                                                                                       |
| First name: Yu                                                                                                           | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                   | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                      | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Carbon Resource Management Ltd.                                                                |                                                                                                                    |
| <b>Address:</b><br>49 St James's Square, Mayfair London SW1A 1JT<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: Clarke                                                                                                        | Telephone 1:                                                                                                       |
| First name: Nicholas                                                                                                     | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                   | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                      | Date (dd/mm/yyyy):                                                                                                 |