

## 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>                                                | 32 MW Baishui River Shiji Hydropower Station Project                                                               |
| <b>Project / programme of activities reference number:</b><br>(if available)                         | 6660                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                    |                                                                                                                    |
| <b>Name of entity:</b><br>Longnan City Wenjiang Water and Electricity Co. Ltd. (LWWE)                |                                                                                                                    |
| <b>Address:</b><br>Bikou Hydropower Project, Bikou Town,<br>746412 Wen City, Gansu Province<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: Lin                                                                                      | 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: Yan                                                                                       | Telephone 1:                                                                                                       |
| First name: Juncai                                                                                   | Telephone 2 (optional):                                                                                            |
| Email:                                                                                               | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                  | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.                         |                                                                                                                    |
| <b>Address:</b><br>5F, Toyosu Front, 3-2-20, Toyosu, Koto-ku,<br>135-0061 Tokyo<br>Japan             |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Japan                                           |                                                                                                                    |
| <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: Toyofuku                                                                                  | Telephone 1:                                                                                                       |
| First name: Masayuki                                                                                 | 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: Kurokawa                                                                                  | Telephone 1:                                                                                                       |
| First name: Ayato                                                                                    | Telephone 2 (optional):                                                                                            |

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