

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 | |
|---|--|
| Title of the project / programme of activities | 11.4 MW Bundled Small Hydropower Project in Shanjunyan and Liaoli, Guizhou Province, P. R. China |
| Project / programme of activities reference number: (if available) | 3729 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Rongjiang County Lirong Hydropower Development Co.,Ltd. | |
| Address: Rongjiang Business Park, Liyuan Area, Rongjiang County, Qiandongnan Autonomous Region, Guizhou Province China | |
| Party (country authorizing participation): China | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Liebo | Telephone 1: |
| First name: Fan | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Smart Energy Co., Ltd. | |
| Address: Toranomon Masters Bldg.3F, 1-12-14, Toranomon, Minato-ku, Tokyo, 105-0001 Japan | |
| Party (country authorizing participation): Japan | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Ogushi | Telephone 1: |
| First name: Takuya | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Sun | Telephone 1: |
| First name: Liyan | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |