

## 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>   | Solar PV Power Development Programme in Shandong Province  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>   | 9160   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>SinoCarbon Innovation & Investment Co., Ltd.  |  |
| <b>Address:</b><br>Room B 922, Gehua Tower, No. 1 Qinglong Bystreet, Docheng District, Beijing<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: Wang   | Telephone 1:   |
| First name: Wenqiang  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Blue World Carbon Capital PCC   |  |
| <b>Address:</b><br>Channel House, Green Street, St. Helier, Jersey, JE2 4UH<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: Landor   | Telephone 1:   |
| First name: Nicholas  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |
| Last name: Parmiter   | Telephone 1:   |
| First name: Emma  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |