

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	CDQ Waste Heat Recovery Project of Hunan VALIN Xiangtan Iron & Steel Co., Ltd.
Project / programme of activities reference number: (if available)	7233
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Originate Carbon Ltd	
Address: P.O. Box 150, Herschel House, Herschel Street, Slough, SL 1 1PG United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Armstrong	Telephone 1:
First name: Nicholas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Shen	Telephone 1:
First name: Xiaojing	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Hunan VALIN Xiangtan Iron & Steel Co., Ltd.	
Address: Yuetang District, Xiangtan City, 411100 Hunan 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: Shen	Telephone 1:
First name: Yi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Xie	Telephone 1:
First name: Qixiang	Telephone 2 (optional):

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