

## 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>	Liaoning Zhangwu 24.65MW Wind Farm Project
<b>Project / programme of activities reference number:</b> (if available)	0539
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Liaoning Zhangwu Jinshan Wind Power Ltd.	
<b>Address:</b> 1201, Building A, SOHO, 39 East 3rd Ring Road Chaoyang District 100022 Beijing China	
<b>Party (country authorizing participation):</b> 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: Fuchang	Telephone 1:
First name: Tao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Carbon Asset Management Sweden AB	
<b>Address:</b> c/o Tricorona AB Drottninggatan 92-94 111 36 Stockholm Sweden	
<b>Party (country authorizing participation):</b> Sweden	
<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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Von Zweigbergk	Telephone 1:
First name: Niels	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Carbon Asset Management Sweden AB	
<b>Address:</b> c/o Tricorona AB Drottninggatan 92-94 111 36 Stockholm Sweden	
<b>Party (country authorizing participation):</b> Switzerland	
<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: von Zweigbergk		Telephone 1:
First name: Niels		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<b>Name of entity:</b> Essent Energy Trading B.V.		
<b>Address:</b> Statenlaan 8 5223 LA 's Netherlands		
<b>Party (country authorizing participation):</b> Netherlands		
<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: Aliabadi		Telephone 1:
First name: Paymon		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):