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	Beijing Deqingyuan Chicken Farm 2.4MW Biogas Power Project
Project / programme of activities reference number: *(if available)*	3716

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Beijing Deqingyuan Agricultural Scientific Co., Ltd		
Address: Floor 5 of Scientific Building, Chinese Academy of Agricultural Sciences, No. 12 of Zhongguancun South Street, Haidan District China		
Party (country authorizing participation): China		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Pan		Telephone 1:
First name: Wenzhi		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: International Finance Corporation (IFC) in its capacity as Trustee of the IFC-Netherlands Carbon Facility (INCaF) on behalf and for the benefit of the State of the Netherlands acting through the Ministry of Housing, Spatial Planning and the Environment		
Address: 2121 Pennsylvania Avenue, NW F 10K-1001 20433 Washington DC United States of America		
Party (country authorizing participation): Netherlands		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Widge		Telephone 1:
First name: Vikram		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Netherlands Ministry of Infrastructure and the Environment (IenM)		
Address: Rjinstraat 8, 2515 XP 2595 XP The Hague Netherlands		
Party (country authorizing participation): Netherlands		

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Gerards	Telephone 1:
First name: Marisa	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Van Den Bergen	Telephone 1:
First name: Vincent	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):