

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	Sichuan Ningnan 16MW Yibu River Stage V Hydropower Project
Project / programme of activities reference number: (if available)	6168
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Ningnan County Xuxin Hydropower Co., Ltd.	
Address: Paoma Sidakuai village, Ningnan County, Sichuan 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: Gao	Telephone 1:
First name: Xingxu	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: Ding	Telephone 1:
First name: Jianjun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Climate Bridge Ltd.	
Address: Suite 19D, Sanhe Centre, 121 Yanping Road Jing'an District, 200042 Shanghai China	
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: Wyatt	Telephone 1:
First name: Alexander	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: Laabs	Telephone 1:
First name: Mark	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Gazprom Marketing & Trading Limited	
Address: 20 Triton Street, NW1 3BF, London NW1 3BF London 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: Parreno	Telephone 1:
First name: Juan	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: Gistau	Telephone 1:
First name: Ignacio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):