

## 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>                                                             | Yunnan Lvzhijiang River Yuguo Hydropower Project                                                                   |
| <b>Project / programme of activities reference number:</b><br>(if available)                                      | 7775                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                 |                                                                                                                    |
| <b>Name of entity:</b><br>Yunnan Longtai Power Development Co., Ltd.                                              |                                                                                                                    |
| <b>Address:</b><br>A-35 Jinxiu Park, Linjiang Road, Eshan Yi Autonomous County, Yunnan Province,<br>Yuxi<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: Chen                                                                                                   | Telephone 1:                                                                                                       |
| First name: Quanwen                                                                                               | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                            | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                               | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                                                          | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Xu                                                                                                     | Telephone 1:                                                                                                       |
| First name: Yong                                                                                                  | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                            | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                               | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Department of Climate Change, National Development and Reform Committee of China        |                                                                                                                    |
| <b>Address:</b><br>No.38, Yuetan South Street, Xicheng District,<br>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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Sun                                                                                                    | Telephone 1:                                                                                                       |
| First name: Cuihua                                                                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                            | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                               | Date (dd/mm/yyyy):                                                                                                 |