

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	China Tongwan Hydropower Project
Project / programme of activities reference number: <i>(if available)</i>	1590
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Hunan Zhongfang Tongwan Water Resources & Hydropower Development Co., Ltd.	
Address: Office Building of Hunan Zhongfang Tongwan Hydro & Power Development Co., Ltd., Tongwan Town, Zhongfang County Huaihua City 418002 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: Li	Telephone 1:
First name: Yong	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Carbon Asset Management Sweden AB	
Address: Drottninggatan 92-94 111 36 Stockholm Sweden	
Party (country authorizing participation): Sweden	
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: von Zweigbergk	Telephone 1:
First name: Niels	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Carbon Asset Management Sweden AB	
Address: Drottninggatan 92-94 111 36 Stockholm Sweden	
Party (country authorizing participation): Netherlands	
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: von Zweigbergk	Telephone 1:
First name: Niels	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):