

## 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>   | Yandun Fourth Wind Power Farm Project of 2000MW Wind Power Project in Southeast Wind Zone of Hami City, Xinjiang Uygur Autonomous Region |
| <b>Project / programme of activities reference number:</b><br>(if available)  | 8605   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>Huaneng Xinjiang Energy Development Co., Ltd.   |  |
| <b>Address:</b><br>Huaneng Xinjiang Building, No.799, North Road of Nanhu, Wulumuqi City<br>Xinjiang Uygur Autonomous Region<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: Haifeng  | Telephone 1:   |
| First name: Qin   | 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: Songtao  | Telephone 1:   |
| First name: Deng  | 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   |  |
| <b>Address:</b><br>No. 38, Yuetan South Street, Xicheng District<br>Beijing City<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: Cuihua   | Telephone 1:   |
| First name: Sun   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |