

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 | Chongqing Longshui 8MW Hydro Power Project |
| Project / programme of activities reference number: (if available) | 3047 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Wuxi Longshui Development Co., Ltd. | |
| Address: No. 114 Jiefang Str. Wuxi County, Chongqing Municipality 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: Chen | Telephone 1: |
| First name: Saiqiong | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Climate Bridge Limited | |
| Address: 38-40 Southernhay East, EX1 1PE Exeter 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: Hepburn | Telephone 1: |
| First name: Cameron | 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: Noble Carbon Credits Limited | |

| | |
|---|--|
| Address: 13, Gilford Road, 1st Floor, Gilford Hall, Sandymount, Dublin 4 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: Ansorg | Telephone 1: |
| First name: Thorsten | 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: Woods | Telephone 1: |
| First name: Alan | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: _____ Date (dd/mm/yyyy): _____ | |