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		Dapein (1) Hydropower Project in Union of Myanmar	
Project / programme of activities reference number: (if available)		7731	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Cleantec Development PCC			
Address: Templar House, Don Road, St. Heli JE1 2TR United Kingdom of Great Britain ar	•	ds,	
Party (country authorizing participation): Netherlands			
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authoriz	zed signatory):	Mr. ⊠ Ms.□	
Last name: Norman		Telephone 1:	
First name: Trevor		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.	
Last name: Le Feuvre		Telephone 1:	
First name: Ashley		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Dapein (1) Hydropower Company Limited			
Address: 109/B2 Aungtawmu Zedi Street, Bahan Township, Myanmar			
Party (country authorizing participation): Myanmar			
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr.⊠ Ms.□	
Last name: Wang		Telephone 1:	
First name: Zhenglin		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Dapein (1) Hydropower Company Limited			

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Address: 109/B2 Aungtawmu Zedi Street, Bahan Township, Myanmar			
Party (country authorizing participation): China			
End-date of participation:	N/A (participation is not limited in time) ☐ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr.⊠ Ms.□	
Last name: Wang		Telephone 1:	
First name: Zhenglin		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	