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 | | Shanxi LuAn Group Gaohe Mine VAM Destruction and Utilization Project |
| Project / programme of activities reference number: (if available) | | 8196 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
| Name of entity: Tschach Solutions GmbH | | |
| Address: Bachstr. 43, D-76185 Karlsruhe Germany | | |
| Party (country authorizing partic Germany | ipation): | |
| End-date of participation: | dd-date of participation: | |
| Contact details (primary authoriz | ed signatory): | Mr. ⋈ Ms. □ |
| Last name: Tschach | | Telephone 1: |
| First name: Ingo | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| Name of entity: Beijing Blue Yitai Energy Technolo | ogy Center (Limited Part | nership) |
| Address: 14th Floor, Jia Tai International Ma Beijing China | nsion, East 4th Ring Roa | ad, Chao Yang District, |
| Party (country authorizing partic China | ipation): | |
| End-date of participation: | N/A (participation | is not limited in time) dd/mm/yyyy |
| Contact details (primary authorized signatory): | | Mr. ⋈ Ms. □ |
| Last name: Wan | | Telephone 1: |
| First name: Shao Hong (Steven) | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| | | |