

## 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>                                                                                | Hainan Nanzhonghe IV Small-Scale Hydropower Project                                                                |
| <b>Project / programme of activities reference number:</b><br>(if available)                                                         | 7693                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                                    |                                                                                                                    |
| <b>Name of entity:</b><br>Ledong Jianfengling Nanbahe Power Station Development Co., Ltd.                                            |                                                                                                                    |
| <b>Address:</b><br>Jianfengling Forestry Bureau, Ledong County, Hainan Province,<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: Wen                                                                                                                       | Telephone 1:                                                                                                       |
| First name: Shaoting                                                                                                                 | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                               | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                                  | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Climate Bridge Ltd.                                                                                        |                                                                                                                    |
| <b>Address:</b><br>Level 2, 91-93 Buckingham Palace Road,<br>SW1W 0RP London<br>United Kingdom of Great Britain and Northern Ireland |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland                            |                                                                                                                    |
| <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: Berdugo                                                                                                                   | Telephone 1:                                                                                                       |
| First name: Paul                                                                                                                     | 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: Kolmetz                                                                                                                   | Telephone 1:                                                                                                       |
| First name: Sven                                                                                                                     | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                               | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                                  | Date (dd/mm/yyyy):                                                                                                 |