## **CDM-MOC-FORM Form: ANNEX 1**

| Date of submission   |                                | 21/11/2011 |
|--|--------------------------------|------------|
| Section 1: Project Details   |                                |            |
| 1. Title of the CDM project activity   | Xiapu Dajing Wind Power Projec | et         |
| 2. Please state project ID Number if available   | 5072                           |            |
| Section 2: List of project participants  |                                |            |
| Name of the entity:<br>EcoSecurities International Limited   |                                |            |
| Party (country that authorised participation):<br>United Kingdom of Great Britain and Northern Ireland |                                |            |
| Contact details (primary authorised signatory):  | Mr.                            |            |
| Last name:<br>Browne   | Telephone:                     |            |
| First name:<br>Patrick James   | Fax:                           |            |
| Email:   | Address:                       |            |
| Specimen signature:  |                                |            |
| Contact details (alternate authorised signatory):  | Mr.                            |            |
| Last name:<br>Shah   | Telephone:                     |            |
| First name:<br>Komal   | Fax:                           |            |
| Email:   | Address:                       |            |
| Specimen signature: Name of the entity:  |                                |            |
| Mintou (Xiapu) Wind Power Co., Ltd   |                                |            |
| Party (country that authorised participation):<br>China  |                                |            |
| Contact details (primary authorised signatory):  | Mr.                            |            |
| Last name:<br>Zhang  | Telephone:                     |            |
| First name:<br>Jun   | Fax:                           |            |
| Email:   | Address:                       |            |
| Specimen signature:  |                                |            |
|  |                                |            |
| Contact details (alternate authorised signatory):  | T 1 1                          |            |
| Last name:   | Telephone:                     |            |
| First name:  | Fax:                           |            |
| Email:   | Address:                       |            |
| Specimen signature:  |                                |            |