

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	Rudong County Wind Farm Project – China
Project / programme of activities reference number: (if available)	0491
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Jiangsu Unipower Wind Power Co. Ltd.	
Address: Yunding Hotel, Youyixilu 22, Rudong County, Nantong City, Jiangsu Province 226400 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: Shi	Telephone 1:
First name: Guosong	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Coöperatieve Centrale Raiffeisen-Boerenleenbank B.A	
Address: Croeselaan 18, P.O. Box 17100, UC R315, 3500 HG, 3521 CB Utrecht, Netherlands	
Party (country authorizing participation): Netherlands	
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: van der Brake	Telephone 1:
First name: Erik	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: State of The Netherlands represented by the Ministry of Housing Spatial Planning and the Environment	
Address: Rijnstraat 8, P.O. Box 20951, The Hague IPC 670, 2500 EZ Netherlands	
Party (country authorizing participation): Netherlands	
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: van der Voet	Telephone 1:
First name: Joris	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):