

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	Xining Aiyuan Landfill Gas Recovery and Power Generation Project
Project / programme of activities reference number: (if available)	5937
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Xining Aiyuan Landfill Gas Co., Ltd.	
Address: Room 402, No.24-(-2), Nam Chuan Xi Lu, Chengxi District, Xining, Qinghai Province 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: Chen	Telephone 1:
First name: Bin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Zhang	Telephone 1:
First name: Zhuang	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Eco-Tec Asia (UK) Ltd	
Address: B 1505, New Logo International Building, 18A, Zhong Guan Cun South Street, Beijing, Haidian District China	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Wu	Telephone 1:
First name: Xin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Zheng	Telephone 1:

First name: Ying	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):