# 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** | Yunnan Saizhu Hydropower Project |
| **Project / programme of activities reference number:** *(if available)* | 2852 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Trading Emissions PLC | | |
| **Address:** Third Floor, Exchange House, 54-62 Athol Street, Douglas IM1 1JD Isle of Man United Kingdom of Great Britain and Northern Ireland | | |
| **Party (country authorizing participation):** United Kingdom of Great Britain and Northern Ireland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Scales | | Telephone 1: |
| First name: Philip | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Wood | | Telephone 1: |
| First name: Nigel | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Yunnan Dianneng Luquan Hydropower Development Co., Ltd. | | |
| **Address:** Wuxing Road 206, Pingshan Town, Luquan Yi and Miao Autonomous County 651500 Kunming, Yunnan China | | |
| **Party (country authorizing participation):** China | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☐ Ms. ☒ |
| Last name: Zhang | | Telephone 1: |
| First name: Liqun | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Li | | Telephone 1: |
| First name: Yuanhong | | Telephone 2 (optional): |

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