

## 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").

| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                          |  |
|--|--|
| <b>Title of the project / programme of activities</b>                                  | Lanzhou Bus Rapid Transit (BRT) Project  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>    | 6796   |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>                               |  |
| <b>Name of entity:</b><br>Asian Development Bank, as Trustee of the Future Carbon Fund |  |
| <b>Address:</b><br>6 ADB Avenue, Mandaluyong City<br>1550 Metro Manila<br>Philippines  |  |
| <b>Party (country authorizing participation):</b><br>Sweden                            |  |
| <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: Chander   | Telephone 1:   |
| First name: Seethapathy  | 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: Um  | Telephone 1:   |
| First name: Woochong   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Lanzhou Public Traffic Group                                 |  |
| <b>Address:</b><br>No. 493, Xijindong Road, Qilihe District<br>Lanzhou, Gansu<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: Hai   | Telephone 1:   |
| First name: Bao  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |