# 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** | Shanxi Majunyu CMM Power Generation Project |
| **Project / programme of activities reference number:** *(if available)* | 8106 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** GreenStream Network Plc | | |
| **Address:** Lapinlahdenkatu 3, 4 floor, FI-00180, Helsinki Finland | | |
| **Party (country authorizing participation):** Finland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Nykanen | | Telephone 1: |
| First name: Jussi | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☐ Ms. ☒ |
| Last name: Mikkanen | | Telephone 1: |
| First name: Pirita | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Datang Changzhi Renewable Power Generation Co., Limited | | |
| **Address:** No. 1 Building, Focus Plaza, No. 1, Caishikou, Xicheng District, Beijing, 100053 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: Yan | | Telephone 1: |
| First name: Baiqiang | | 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: Jiuxu | | Telephone 2 (optional): |
| Email: | | Fax (optional): |

| Specimen signature: | Date (dd/mm/yyyy): |
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