# 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** | Kuitun River Stage 10 Hydropower Project & Kuitun River 2# Hydropower Project Bundled Project |
| **Project / programme of activities reference number:** *(if available)* | 6544 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Europe New Energy Investment Capital Limited | | |
| **Address:** Ordnance House, 31 Pier Road, St Helier, Jersey, JE4 8PW 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: Smith | | Telephone 1: |
| First name: Jack | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☐ Ms. ☒ |
| Last name: Sterling | | Telephone 1: |
| First name: Christina | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Kuitun Guoyuan Electric Power Co., Ltd | | |
| **Address:** No. 55 Urumqi East Road, Kuitun City, Xinjiang Uygur Autonomous Region 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: Wang | | Telephone 1: |
| First name: Yajun | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Xi | | Telephone 1: |
| First name: Muzhe | | Telephone 2 (optional): |

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