

## 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	
<b>Title of the project / programme of activities</b>	Controlled combustion of municipal solid waste and sewage sludge and energy generation in Shaoxing City, People's Republic of China
<b>Project / programme of activities reference number:</b> (if available)	2446
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Luso Carbon Fund – Fundo Especial de Investimento Fechado	
<b>Address:</b> Rua Tierno Galvan Torre 3, 10 Piso 1250-070 Lisbon Portugal	
<b>Party (country authorizing participation):</b> Portugal	
<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: Caetano	Telephone 1:
First name: Paulo	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: Moita	Telephone 1:
First name: Ricardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Shaoxing National Environmental Renewable Energy Development Co., Ltd.	
<b>Address:</b> Paojiang Shaoxing, Zhejian Province China	
<b>Party (country authorizing participation):</b> 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: Zhi Gang	Telephone 1:
First name: Liu	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: Li Ming	Telephone 1:
First name: Jin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):