

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	Guangxi Liuzhou Luzhai County Luoqingjiang Xi'an Hydropower Project
Project / programme of activities reference number: (if available)	6559
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Liuzhou Qiangyuan Power Development Co., Ltd.	
Address: No. 6 Minsheng Road, Luzhai Town, Liuzhou City, Guangxi Zhuang Autonomous Region, China	
Party (country authorizing participation): China	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Wang	Telephone 1:
First name: Jianchuan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Wang	Telephone 1:
First name: Zhen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Nordic Environment Finance Corporation NEFCO in its capacity as Fund Manager to the NEFCO Carbon Fund (NeCF)	
Address: Fabianinkatu 34, P.O.Box 249, FI-00171 Helsinki Finland	
Party (country authorizing participation): Sweden	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Sharma	Telephone 1:
First name: Ash	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Nyberg	Telephone 1:
First name: Tina	Telephone 2 (optional):

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