

## 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>                                                     | Guodian Shuozhou Pinglu Hutoushan Wind Farm 249MW Project                                                          |
| <b>Project / programme of activities reference number:</b><br>(if available)                              | 8458                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                         |                                                                                                                    |
| <b>Name of entity:</b><br>Shell Trading International Limited                                             |                                                                                                                    |
| <b>Address:</b><br>80, Strand, London, WC2R 0ZA<br>United Kingdom of Great Britain and Northern Ireland   |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland |                                                                                                                    |
| <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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Wang                                                                                           | Telephone 1:                                                                                                       |
| First name: Ziyuan                                                                                        | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                    | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                       | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                                                  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>                                               |
| Last name: Kishore                                                                                        | Telephone 1:                                                                                                       |
| First name: Reene                                                                                         | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                    | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                       | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Guodian Shuozhou Haifeng Wind Power Co., Ltd.                                   |                                                                                                                    |
| <b>Address:</b><br>5th Floor, Minfu Building, Shuozhou City, Shanxi Province 036002<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: Zhang                                                                                          | Telephone 1:                                                                                                       |
| First name: Ziqiang                                                                                       | 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: Shi                                                                                            | Telephone 1:                                                                                                       |
| First name: Chongqi                                                                                       | Telephone 2 (optional):                                                                                            |

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