

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 | Fuchuan, Zhaoping GX4 Household Biogas Project in Hezhou City, Guangxi Zhuang Autonomous Region |
| Project / programme of activities reference number: <i>(if available)</i> | 8339 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Beijing Rural Well-Off Economy & Technology Development Center | |
| Address: Room 902, Jiayou Building, No.25 South Landianchang Road, Beijing 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: He | Telephone 1: |
| First name: Junyuan | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Rural China Development Company A PC | |
| Address: Templar House, Don Road, St. Helier, Channel Islands, JE1 2TR United Kingdom of Great Britain and Northern Ireland | |
| Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland | |
| 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: Norman | Telephone 1: |
| First name: Trevor | 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: Le Feuvre | Telephone 1: |
| First name: Ashley | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |