

## 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>	Shandong Dongyue HFC23 Decomposition Project
<b>Project / programme of activities reference number:</b> (if available)	0232
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Shandong Dongyue Chemical Co., Ltd.	
<b>Address:</b> Tangshan Town, Huantai County, Zibo City, Shandong Province 256401 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: Liu	Telephone 1:
First name: Tijian	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Mitsubishi Corporation	
<b>Address:</b> 16-3, Konan 2-Chome, Minato-ku Tokyo 108-8228 Japan	
<b>Party (country authorizing participation):</b> Japan	
<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: Keida	Telephone 1:
First name: Ichiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Nippon Steel Corporation	
<b>Address:</b> 6-3, Otemachi 2-Chome, Chiyoda-ku, Tokyo 100-8071 Japan	
<b>Party (country authorizing participation):</b> Japan	
<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: Yamada	Telephone 1:
First name: Kenji	Telephone 2 (optional):

Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Natsource Europe Limited			
<b>Address:</b> Whittaker House, 2 Whittaker Avenue, Richmond upon Thames, Surrey TW9 1EH United Kingdom of Great Britain and Northern Ireland			
<b>Party (country authorizing participation):</b> 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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Intrator		Telephone 1:	
First name: Michael		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Shandong Dongyue Chemical Co., Ltd.			
<b>Address:</b> Tangshan Town, Huantai County, Zibo City, Shandong Province 2564 China			
<b>Party (country authorizing participation):</b> 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 checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Liu		Telephone 1:	
First name: Tijian		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Shandong Dongyue Chemical Co., Ltd.			
<b>Address:</b> Tangshan Town, Huantai County, Zibo City, Shandong Province 2564 China			
<b>Party (country authorizing participation):</b> Switzerland			
<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: Liu		Telephone 1:	
First name: Tijian		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	