

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	CGN Shagou Phase I Wind Power Project
Project / programme of activities reference number: <i>(if available)</i>	7019
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: CGN Wind Energy Limited	
Address: No. 2 Building, Area 12 of Advanced Business Park, No. 188 West of South 4th Ring Road 100070 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: Shi	Telephone 1:
First name: Lei	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: Xu	Telephone 1:
First name: Xiansong	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Mercuria Energy Trading S.A.	
Address: Rue du Rhone 50 Geneva Switzerland	
Party (country authorizing participation): Switzerland	
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: Steels	Telephone 1:
First name: Jean-Francois	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: Li	Telephone 1:
First name: Xing	Telephone 2 (optional):

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