

## 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>	Huineng Low Concentration Coal Mine Methane Utilization Project
<b>Project / programme of activities reference number:</b> (if available)	8006
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Fine Post-2012 Carbon Fund Ky	
<b>Address:</b> Lapinlahdenkatu 3 FI-00180 Helsinki Finland	
<b>Party (country authorizing participation):</b> Finland	
<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: Nykanen	Telephone 1:
First name: Jussi	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: Mikkanen	Telephone 1:
First name: Pirita	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Climate Opportunity Fund Ky	
<b>Address:</b> Lapinlahdenkatu 3 FI-00180 Helsinki Finland	
<b>Party (country authorizing participation):</b> Finland	
<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: Nykanen	Telephone 1:
First name: Jussi	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: Mikkanen	Telephone 1:

First name: Pirita		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> GreenStream Network Plc			
<b>Address:</b> Lapinlahdenkatu 3 FI-00180 Helsinki Finland			
<b>Party (country authorizing participation):</b> Finland			
<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: Nykanen		Telephone 1:	
First name: Jussi		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: Mikkonen		Telephone 1:	
First name: Pirita		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Pingding County Yonder Coal Mine Methane Development Co., Ltd.			
<b>Address:</b> Room 1116, 11/F, Tower B, E-Wing Centre, 113 Zhichun Road, Haidian District 100086 Beijing 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: Su		Telephone 1:	
First name: Zhenpeng		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: Huang		Telephone 1:	
First name: Zhaohua		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	