

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 | |
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| Title of the project / programme of activities | Inner Mongolia Shangdu Changshengliang Wind Farm Project |
| Project / programme of activities reference number: (if available) | 5311 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Deutsche Bank AG (Filiale London) | |
| Address: Winchester House, 1 Great Winchester Street, EC2N 2DB London 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: Costa Dsa | Telephone 1: |
| First name: David | 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: Lawless | Telephone 1: |
| First name: Martin | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Beijing Beineng Chuangye Wind Power Technology Co., Ltd. | |
| 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 type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Li | Telephone 1: |

| | |
|---------------------|-------------------------|
| First name: Binghua | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |