

## 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>  | Inner Mongolia Shangdu Changshengliang Wind Farm Project   |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>  | 5311   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Deutsche Bank AG (Filiale London)  |  |
| <b>Address:</b><br>Winchester House, 1 Great Winchester Street,<br>EC2N 2DB London<br>United Kingdom of Great Britain and Northern Ireland |  |
| <b>Party (country authorizing participation):</b><br>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: Costa Dsa   | Telephone 1:   |
| First name: David  | 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: Lawless   | Telephone 1:   |
| First name: Martin   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Beijing Beineng Chuangye Wind Power Technology Co., Ltd.   |  |
| <b>Address:</b><br>No. 2 Building, Area 12 of Advanced Business Park, No. 188 West of South 4th Ring Road,<br>100070 Beijing<br>China      |  |
| <b>Party (country authorizing participation):</b><br>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: Shi   | Telephone 1:   |
| First name: Lei  | 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: Li  | Telephone 1:   |

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