

## 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>                        | Heilongjiang Huanan Hengdaishan West Wind Power Project                                                            |
| <b>Project / programme of activities reference number:</b><br>(if available) | 2200                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                            |                                                                                                                    |
| <b>Name of entity:</b><br>Huanan Longyuan Wind Power Co., Ltd.               |                                                                                                                    |
| <b>Address:</b><br>Shengli, Huanan, Heilongjiang Province, 154400<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: Huang                                                             | Telephone 1:                                                                                                       |
| First name: Qun                                                              | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Kommunalkredit Public Consulting GmbH              |                                                                                                                    |
| <b>Address:</b><br>Tuerkenstrasse 9, Vienna 1090<br>Austria                  |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Austria                 |                                                                                                                    |
| <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: Sagmeister                                                        | Telephone 1:                                                                                                       |
| First name: Bernhard                                                         | 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: Amerstorfer                                                       | Telephone 1:                                                                                                       |
| First name: Alexandra                                                        | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |