

## 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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| <b>Title of the project / programme of activities</b>                        | Hainan Nansheng Bundled Small Hydropower Project                                                                   |
| <b>Project / programme of activities reference number:</b><br>(if available) | 6623                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                            |                                                                                                                    |
| <b>Name of entity:</b><br>Climate Protection Invest AG                       |                                                                                                                    |
| <b>Address:</b><br>Tellenstr. 34<br>Kagiswil<br>Switzerland                  |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Switzerland             |                                                                                                                    |
| <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: Rittner                                                           | Telephone 1:                                                                                                       |
| First name: Frank                                                            | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Wuzhishan Sanxing Hydropower Development Co., Ltd. |                                                                                                                    |
| <b>Address:</b><br>No. 268, Haiyu South Road<br>Wuzhishan, Hainan<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: Longkai                                                          | 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: Wu                                                                | Telephone 1:                                                                                                       |
| First name: Lechang                                                          | Telephone 2 (optional):                                                                                            |
| Email:                                                                       | Fax (optional):                                                                                                    |
| Specimen signature:                                                          | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Q.C.A. AG                                          |                                                                                                                    |

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| <b>Address:</b><br>Tellenstr. 34<br>Kagiswil<br>Switzerland      |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Switzerland |                                                                                                                    |
| <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: Rittner                                               | Telephone 1:                                                                                                       |
| First name: Frank                                                | Telephone 2 (optional):                                                                                            |
| Email:                                                           | Fax (optional):                                                                                                    |
| Specimen signature:                                              | Date (dd/mm/yyyy):                                                                                                 |