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	
Title of the project / programme of activities	Waste Heat Recovery and Utilisation for Power Generation Project of Shuangfeng Conch Cement Company Limited
Project / programme of activities reference number: *(if available)*	5410

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Shuangfeng Conch Cement Company Limited		
Address: Santangpu Village, Shuangfeng County, 417704, Hunan Province China		
Party (country authorizing participation): China		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Gan		Telephone 1:
First name: Shuanglun		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Barclays Bank PLC		
Address: 5 North Colonnade, E14 4BB 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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒
Last name: Nath		Telephone 1:
First name: Avtansini		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Camco International Limited		
Address: Channel House, Green Street, St. Helier, Jersey, Channel Islands JE2 4UH United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Zhang		Telephone 1:

First name: Yuzhong	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Urgel Esteban	Telephone 1:
First name: Beatriz	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):