

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	Guangxi Nabi Hydropower Project
Project / programme of activities reference number: (if available)	4803
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Natsource Asset Management Europe Limited	
Address: c/o Natsource, 100 William Street, Suite 2005 10038 New York United States of America	
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: Bekker	Telephone 1:
First name: George	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Kirshenbaum	Telephone 1:
First name: Alan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Baise Wacun Hydropower Development Co., Ltd.	
Address: Hydro Junction Management Center, Xianyuan Road 533000 Baise City 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: Zhao	Telephone 1:
First name: Song	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: CFL Carbon Limited	

Address:

c/o Natsource, 100 William Street, Suite 2005
 10038 New York
 United States of America

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: Bekker

Telephone 1:

First name: George

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Kirshenbaum

Telephone 1:

First name: Alan

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):