# 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** | Yongshun Kaidi Biomass Power Project |
| **Project / programme of activities reference number:** *(if available)* | 7142 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Yongshun Kaidi Green Energy Development Co., Ltd. | | |
| **Address:** 607 room, Kaidi Building, TI Jiangxia Avenue, Eastlak New Technology Development Zone, Wuhan City, Hubei 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: Xue | | Telephone 1: |
| First name: Fei | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☐ Ms. ☒ |
| Last name: Hao | | Telephone 1: |
| First name: Jing | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Vitol S.A. | | |
| **Address:** Boulevard du Pont d'Arve 28, CH 1205 Geneva Switzerland | | |
| **Party (country authorizing participation):** Switzerland | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Fransen | | Telephone 1: |
| First name: David | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Doucakis | | Telephone 1: |
| First name: Nikolas | | Telephone 2 (optional): |

| | |
|---|---|
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |