

## 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>                                                                  | Huadian Guyuan Phase III 49.5MW Wind Farm Project                                                                  |
| <b>Project / programme of activities reference number:</b><br>(if available)                                           | 7239                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                      |                                                                                                                    |
| <b>Name of entity:</b><br>Carbon Resource Management S.A.                                                              |                                                                                                                    |
| <b>Address:</b><br>Boulevard du Pont d'Arve 28, P.O. Box 384 1211 Geneva 4<br>Switzerland                              |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland              |                                                                                                                    |
| <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: Fransen                                                                                                     | Telephone 1:                                                                                                       |
| First name: David                                                                                                      | 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: Green                                                                                                       | Telephone 1:                                                                                                       |
| First name: John                                                                                                       | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                 | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                    | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Hebei Huadian Guyuan Wind Power Co., Ltd.                                                    |                                                                                                                    |
| <b>Address:</b><br>7th Floor, Block B, Huadian Building, Xuanwumennei Avenue, Xicheng District Beijing 100031<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: Li                                                                                                          | Telephone 1:                                                                                                       |
| First name: Zhiguo                                                                                                     | 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: Lu                                                                                                          | Telephone 1:                                                                                                       |
| First name: Jun                                                                                                        | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                 | Fax (optional):                                                                                                    |

Specimen signature:

Date (dd/mm/yyyy):