

## 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").

| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>  |  |
|--|--|
| <b>Title of the project / programme of activities</b>  | Jiangsu Dafeng 20MW Solar Power Project  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                              | 6689   |
| <b>SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES</b>   |  |
| <b>Name of entity:</b><br>CPI Dafeng Solar Power Generation Co., Ltd.  |  |
| <b>Address:</b><br>Ocean Financial Center, 10 Collyer Quay #41-00<br>049315 Singapore<br>Singapore               |  |
| <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: Tait  | Telephone 1:   |
| First name: Arthur   | 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: Buchner   | Telephone 1:   |
| First name: Philip   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>CPI Dafeng Solar Power Generation Co., Ltd.  |  |
| <b>Address:</b><br>39th Floor Zifeng Tower, No. 2 Zhangshanbei Road<br>210008 Nanjing, Jiangsu Province<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: Zhao  | Telephone 1:   |
| First name: Weiliang   | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |