

## 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>   | Sapphire 49.5 MW Wind Farm Project   |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>                       | 8163   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>UPM Umwelt-Projekt- Management GmbH   |  |
| <b>Address:</b><br>Lamonstrasse 11,<br>81679 Munich<br>Germany  |  |
| <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: Dilger   | Telephone 1:   |
| First name: Martin  | 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: Huenteler  | Telephone 1:   |
| First name: Henning   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Sapphire Wind Power Co. Ltd.  |  |
| <b>Address:</b><br>I.I. Chundrigar Road, 212 Cotton Exchange Building,<br>Karachi, Sindh<br>Pakistan      |  |
| <b>Party (country authorizing participation):</b><br>Pakistan   |  |
| <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: Aslam  | Telephone 1:   |
| First name: Khalid  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |