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	Nam Chien 2 Hydropower Project	
Project / programme of activities reference number: (if available)	3442	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Shell Trading International Limited		
Address:		
80 Strand, London, WC2R 0ZA United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation: N/A (participation	is not limited in time)	
Contact details (primary authorized signatory):	Mr. □ Ms. ☑	
Last name: Wang	Telephone 1:	
First name: Ziyuan	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Name of entity: North-western Power Investment and Development Joint Stock Company		
Address: Chieng San Commune, Muong La District, Son La Province Viet Nam		
Party (country authorizing participation): Viet Nam		
End-date of participation: N/A (participation	is not limited in time)	
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Vu	Telephone 1:	
First name: Trong Vinh	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Bui	Telephone 1:	
First name: Duy Ruat	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Name of entity: Energy and Environment Consultancy Joint Stock Company		
Address: Room 1210, Building 18T2, LeVan Luong Street, Trung Ho Viet Nam	a – Nhan Chinh, Hanoi	

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Party (country authorizing participation): Viet Nam		
End-date of participation:	✓ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary author	rized signatory):	Mr. ☐ Ms. ☒
Last name: Dang		Telephone 1:
First name: Thi Hong Hanh		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □
Last name: Tran		Telephone 1:
First name: Minh Tuyen		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):