

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 | |
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| Title of the project / programme of activities | Huadian Shangde Dongtai 10MWp Solar PV Power Project |
| Project / programme of activities reference number: <i>(if available)</i> | 5245 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: arbon Asset Management Sweden Pte Ltd | |
| Address: 50 Raffles Place # 35-01, Singapore Land Tower, Singapore 048623 Singapore | |
| Party (country authorizing participation): Sweden | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Oo | Telephone 1: |
| First name: Moe Moe | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Name of entity: Huadian Shangde Dongtai Solar Power Generation Co., Ltd | |
| Address: Management Bureau, On-shore Marsh Travel Business District, Dongtai City, Jiangsu Province China | |
| Party (country authorizing participation): China | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Wang | Telephone 1: |
| First name: Wushi | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Huo | Telephone 1: |
| First name: Guangzhao | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |