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	Sichuan Jiami Hydropower Project
Project / programme of activities reference number: *(if available)*	8140

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Gazprom Marketing and Trading Limited		
Address: 20 Triton Street, NW1 3BF London United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): France		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Gistau		Telephone 1:
First name: Ignacio		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Parreno		Telephone 1:
First name: Juan		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: ecolutions Trading GmbH		
Address: Grueneburgweg 18, 60322 Frankfurt am Main, Germany		
Party (country authorizing participation): France		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Waldmaier		Telephone 1:
First name: Thomas		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Kwan		Telephone 1:
First name: Stephanie		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity: Sichuan Yanyuan Jiamihe Sinohydro Development Co., Ltd.
Address: Yanyuan County, Liangshan Yi Autonomous Prefecture, Sichuan Province, 615700 China
Party (country authorizing participation): China

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Cai	Telephone 1:
First name: Chunhua	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: He	Telephone 1:
First name: Xiping	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):