

## 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>	Sichuan Jiami Hydropower Project
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	8140
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Gazprom Marketing and Trading Limited	
<b>Address:</b> 20 Triton Street, NW1 3BF London United Kingdom of Great Britain and Northern Ireland	
<b>Party (country authorizing participation):</b> France	
<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: Gistau	Telephone 1:
First name: Ignacio	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: Parreno	Telephone 1:
First name: Juan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> ecolutions Trading GmbH	
<b>Address:</b> Grueneburgweg 18, 60322 Frankfurt am Main, Germany	
<b>Party (country authorizing participation):</b> France	
<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: Waldmaier	Telephone 1:
First name: Thomas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Kwan	Telephone 1:
First name: Stephanie	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Sichuan Yanyuan Jiamihe Sinohydro Development Co., Ltd.	
<b>Address:</b> Yanyuan County, Liangshan Yi Autonomous Prefecture, Sichuan Province, 615700 China	
<b>Party (country authorizing participation):</b> 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: Cai	Telephone 1:
First name: Chunhua	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: He	Telephone 1:
First name: Xiping	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):