

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	BOG and COG Utilisation for Combined Cycle Power CDM Project in Jinan Iron & Steel Works
Project / programme of activities reference number: (if available)	0812
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Jinan Iron and Steel Works Group Company Limited	
Address: No. 21 Gong Ye Bei Lu Shandong Province 250101 Jinan City 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: Hongfu	Telephone 1:
First name: Li	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Noble Carbon Credits UK Limited	
Address: 33 Cavendish Square W1G 0PW London United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
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: Ansorg	Telephone 1:
First name: Thorsten	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Noble Carbon Credits Limited	
Address: 13 Gilford Road 1st Floor, Gilford Hall Sandymount 4 Dublin Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	

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: Ansorg	Telephone 1:
First name: Thorsten	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):