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	Inner Mongolia Zhaoxin Energy Group Biomass Cogeneration Project
Project / programme of activities reference number: *(if available)*	7753

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Inner Mongolia Zhaoxin Energy Group Co., Ltd.		
Address: Bonded Logistics Park of Modern Farm and Livestock Products, Linhe District, Inner Mongolia Autonomous Region, Baynnur 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: Zhao		Telephone 1:
First name: Yongping		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Climate Bridge Ltd.		
Address: Level 2, 91-93 Buckingham Palace Road, SW1W 0RP 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:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Berdugo		Telephone 1:
First name: Paul		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kolmetz		Telephone 1:
First name: Sven		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Luso Carbon Fund		

Address: Torre 3, 10th Floor, Amoreiras, Rua Tierno Galvan, 1070-274 Lisbon Portugal	
Party (country authorizing participation): Portugal	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Souto	Telephone 1:
First name: Luis	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Rosado	Telephone 1:
First name: Francisco	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):