

# CDM-MOC-FORM Form: ANNEX 1

|                                                                               |                                                              |            |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|------------|
| <b>Date of submission</b>                                                     |                                                              | 20/02/2012 |
| <b>Section 1: Project Details</b>                                             |                                                              |            |
| <b>1. Title of the CDM project activity</b>                                   | Gansu Province Yangtian 3.2MW Small-Scale Hydropower Project |            |
| <b>2. Please state project ID Number if available</b>                         | 5047                                                         |            |
| <b>Section 2: List of project participants</b>                                |                                                              |            |
| <b>Name of the entity:</b><br>Longnan Liyuan Hydropower Development Co., Ltd. |                                                              |            |
| <b>Party (country that authorised participation):</b><br>China                |                                                              |            |
| <b>Contact details (primary authorised signatory):</b>                        | Mr.                                                          |            |
| Last name:<br>Li                                                              | Telephone:                                                   |            |
| First name:<br>Junbao                                                         | Fax:                                                         |            |
| Email:                                                                        | Address:                                                     |            |
| Specimen signature:                                                           |                                                              |            |
| <b>Contact details (alternate authorised signatory):</b>                      |                                                              |            |
| Last name:                                                                    | Telephone:                                                   |            |
| First name:                                                                   | Fax:                                                         |            |
| Email:                                                                        | Address:                                                     |            |
| Specimen signature:                                                           |                                                              |            |
| <b>Name of the entity:</b><br>GETEC Climate Projects GmbH                     |                                                              |            |
| <b>Party (country that authorised participation):</b><br>Germany              |                                                              |            |
| <b>Contact details (primary authorised signatory):</b>                        | Mr.                                                          |            |
| Last name:<br>Neubauer                                                        | Telephone:                                                   |            |
| First name:<br>Florian                                                        | Fax:                                                         |            |
| Email:                                                                        | Address:                                                     |            |
| Specimen signature:                                                           |                                                              |            |
| <b>Contact details (alternate authorised signatory):</b>                      |                                                              |            |
| Last name:                                                                    | Telephone:                                                   |            |
| First name:                                                                   | Fax:                                                         |            |
| Email:                                                                        | Address:                                                     |            |
| Specimen signature:                                                           |                                                              |            |