

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 | Hangjin Yihewusu Phase I 49.5MW Wind Power Project |
| Project / programme of activities reference number: (if available) | 7221 |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
| Name of entity: Inner Mongolia Guodian New Energy Co., Ltd. | |
| Address: Room 2, Guibin Building, Dianli Community, Jinchuan development District, Inner Mongolia Autonomous Region Hohhot 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: Xue | Telephone 1: |
| First name: Shengqi | 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: | <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: Berdugo | Telephone 1: |
| First name: Paul | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Kolmetz | Telephone 1: |
| First name: Sven | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |