

## 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>   | Qinghai Delingha Xiehe Solar PV Power Generation Project   |
| <b>Project / programme of activities reference number:</b><br>(if available)                              | 7962   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES   |  |
| <b>Name of entity:</b><br>Carbon Resource Management S.A.   |  |
| <b>Address:</b><br>Boulevard du Pont-d'Arve 28, PO Box 384,<br>1211 Geneva 4,<br>Switzerland              |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland |  |
| <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: Fransen  | Telephone 1:   |
| First name: David   | 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: Green  | Telephone 1:   |
| First name: John  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Delingha Xiehe Solar PV Power Generation Co., Ltd                               |  |
| <b>Address:</b><br>No. 9 Shoutinan Road, Haidian District,<br>100048 Beijing<br>China                     |  |
| <b>Party (country authorizing participation):</b><br>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: Du   | Telephone 1:   |
| First name: Shuyao  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |