CDM-MOC-FORM Form: ANNEX 2

Date of submission	06/05/2011	
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Community-Based Renewable Energy Development in the Northern Areas and Chitral (NAC), Pakistan	
2. Please state reference Number if available	1713	
SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT		
Add project participant Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.		
Name of the entity: BASF SE		
Party (country that authorised participation): Germany		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Evers	Telephone:	
First name: Horatio	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Merger	Telephone:	
First name: Roland	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required		

⊠ Add project participant		
Change name of project participant		
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement</u>		
of Agreement of the current modalities of communication.		
Name of the entity:		
Austria-Kommunalkredit Public Consulting GmbH		
Party (country that authorised participation): Austria		
Contact details (primary authorized signatory):	Mr.□ Ms.⊠	
Last name: Amerstorfer	Telephone:	
First name: Alexandra	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Eichberger	Telephone:	
First name: Sascha	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

Add project participant Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication. Name of the entity: Government of Canada-Ministry of Foreign Affairs and International Trade		
Party (country that authorised participation): Canada		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Pringle	Telephone:	
First name: Gary	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Maersk Olie og Gas AS		
Party (country that authorised participation): Denmark		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Norgaard	Telephone:	
First name: Torben	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms. □	
Last name: Ng	Telephone:	
First name: Chris	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: DONG Naturgas A/S		
Party (country that authorised participation): Denmark		
Contact details (primary authorized signatory):	Mr. Ms. Ms.	
Last name: Harpsoe Braten	Telephone:	
First name: Cilla	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Green	Telephone:	
First name: Gavin	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Goteborg Energi AB		
Party (country that authorised participation): Sweden		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Dalman	Telephone:	
First name: Bengt Goran	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		