

CDM-MOC-FORM Form: ANNEX 2

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|---|--|------------------|
| Date of submission | | 25/07/2012 |
| SECTION 1: PROJECT DETAILS | | |
| 1. Title of the CDM project activity | India-FaL-G Brick and Blocks Project No.2. | |
| 2. Please state reference Number if available | 4585 | |
| SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT | | |
| <input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> 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 of Agreement</u> of the current modalities of communication. | | |
| Name of the entity: KommunalKredit Public Consulting GmbH | | |
| Party (country that authorised participation): Austria | | |
| Contact details (primary authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | |
| Last name: Amerstorfer | Telephone: | |
| First name: Alexandra | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Diernhofer | Telephone: | |
| First name: Wolfgang | 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:

Statoil ASA

Party (country that authorised participation):

Norway

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Egeland

Telephone:

First name: Thomas B

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Gautesen

Telephone:

First name: Kristian L

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.