

# CDM-MOC-FORM Form: ANNEX 2

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