

**CDM-MOC-FORM Form: ANNEX 2**

<b>Date of submission</b>		07/01/2010
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Salta Landfill Gas Capture Project	
<b>2. Please state reference Number if available</b>	2338	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> <b>Add project participant</b> <input type="checkbox"/> <b>Change name of project participant</b> <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> Walloon Region		
<b>Party (country that authorised participation):</b> Belgium		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Cools	Telephone:	
First name: Stephane	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Fourmeaux	Telephone:	
First name: Annick	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: McCormick

Telephone:

First name: Rachel

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.

☒ 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 Italy – Ministry for the Environment, Land and Sea

**Party (country that authorised participation):**

Italy

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Clini

Telephone:

First name: Corrado

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.

☒ 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:**

FujiFilm Corporation

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Ohki

Telephone:

First name: Nobutaka

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Shibata

Telephone:

First name: Yoshinori

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:**

Idemitsu Kosan Co. Ltd.

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Kobayashi

Telephone:

First name: Kan

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Koseki

Telephone:

First name: Naoko

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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☒ Add project participant

☐ Change name of project participant

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**Name of the entity:**

Nippon Oil Corporation

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Yamanishi

Telephone:

First name: Sadami

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Tsuchida

Telephone:

First name: Shinichi

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

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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:**

The Okinawa Power Corporation, Incorporated

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Nakachi

Telephone:

First name: Hiroaki

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: .....

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☒ Add project participant

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**Name of the entity:**

Government of Luxembourg – Ministry of sustainable Development and Infrastructure Department of environment

**Party (country that authorised participation):**

Luxembourg

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Wirtz

Telephone:

First name: Raoul

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Haine

Telephone:

First name: Henri

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:**

Government of Netherlands – Ministry of Housing, Spatial Planning and the Environment (VROM)

**Party (country that authorised participation):**

Netherlands

**Contact details (primary authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Gerards

Telephone:

First name: Marisa

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Van Den Bergen

Telephone:

First name: Vincent

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:**

Statkraft Carbon Invest AS

**Party (country that authorised participation):**

Norway

**Contact details (primary authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Bolle

Telephone:

First name: Anne

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Viddal

Telephone:

First name: Mari Grooss

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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**Name of the entity:**

ENDESA GENERACION, S.A

**Party (country that authorised participation):**

Spain

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Corregidor

Telephone:

First name: David

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: .....

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**Name of the entity:**

Government of Spain-Ministry of the Environmental and Rural and Marine Affairs & Ministry of Economy and Finance

**Party (country that authorised participation):**

Spain

**Contact details (primary authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Montalvo

Telephone:

First name: Alicia

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Fernandez Garcia

Telephone:

First name: Maria Jesus

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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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: Sahlin

Telephone:

First name: Thore

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: .....

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**Name of the entity:**

Schweizerische Rückversicherungsgesellschafts AG (Swiss RE)

**Party (country that authorised participation):**

Switzerland

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Eckert

Telephone:

First name: Vincent

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Spiegel

Telephone:

First name: Andreas

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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**Name of the entity:**

Aalborg Portland A/S

**Party (country that authorised participation):**

Denmark

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Andersen

Telephone:

First name: Kent Ronning

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: .....

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**Name of the entity:**

Danish Ministry of Climate and Energy, Danish Energy Agency

**Party (country that authorised participation):**

Denmark

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Malmdorf

Telephone:

First name: Torsten

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Ostertag

Telephone:

First name: Birgitte

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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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. ☐

Last name: Ramussen

Telephone:

First name: Frank

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Skotte

Telephone:

First name: Maria

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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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: Skovgaard-Petersen

Telephone:

First name: Libbe

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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**Name of the entity:**

Nordjysk Elhandel A/S

**Party (country that authorised participation):**

Denmark

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Lynge Rydahl

Telephone:

First name: Bo

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Treumer Anderson

Telephone:

First name: Rene

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.