CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:		30/01/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Installation of Solar Home Systems in Bangladesh	
Project / programme of activities	reference number:	2765	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	ant or is newly named in respe	ct of the above CDM
Name of entity: BASF SE			
Address: 67056 Ludwigshafen, Germany Ludwigshafen Germany			
Party (country authorizing partic Germany	ipation):		
End-date of participation:	\square N/A (participation is not limited in time) \square dd/mm/yyyy		/уууу
Contact details (primary authorized signatory):		Mr. 🛛 Ms.	
Last name: Naim Zakaria		Telephone 1:	
First name: Ahmadi		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authoriz	zed signatory):	Mr. 🛛 Ms.	
Last name: Dimmler		Telephone 1:	
First name: Markus		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	ant or is newly named in respe	ct of the above CDM
Name of entity: KfW			
Address: KfW LGc Palmengartenstr. 5-9, Fra 60325 Frankfurt Germany	nkfurt, 60325, Germany		
Party (country authorizing participation): Germany			
End-date of participation:	\square N/A (participation is not limited in time) \square dd/mm/yyyy		

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Contact details (primary authorized signatory):		Mr. 🛛 Ms. 🗌	
Last name: Borner		Telephone 1:	
First name: Matthias		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authori	zed signatory):	Mr. 🛛 Ms.	
Last name: Harnisch		Telephone 1:	
First name: Jochen		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
project / programme of activities. acceptance of the current modalit Name of entity:	led as a project particip By providing a specime	cted, indicate former name below) ant or is newly named in respect of the above CDM on signature below, the project participant confirms its	
Endesa Generacion S.A			
Address: Ribera del Loira 60, 28042, Madrid 28042 Madrid Spain	, Spain		
Party (country authorizing partic Spain	ipation):		
End-date of participation:	N/A (participation i	s not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🔲 Ms. 🛛	
Last name: Abad Puertolas		Telephone 1:	
First name: Maria Antonia		Telephone 2 (optional):	
Email:		Fax (optional):	
Email: Specimen signature:		Fax (optional): Date (dd/mm/yyyy):	
Specimen signature: Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	Date (dd/mm/yyyy):	
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Specimen signature: Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit Name of entity: Gas Natural SDG, S.A Address: Avenida San Luis 77, 28033, Madri 28033 Madrid Spain	led as a project particip By providing a specime ies of communication. d, Spain	Date (dd/mm/yyyy): cted, indicate former name below) ant or is newly named in respect of the above CDM	
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Email:	For (optional):	
	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Ferrer Ripoll	Telephone 1:	
First name: Carlos	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
	rticipant or is newly named in respect of the above CDM ecimen signature below, the project participant confirms it	
Name of entity: Kingdom of Spain - Ministry of the Agriculture, Food a Address:	and Environment & Ministry of Economy and Competitiveness	
Alcala, 92, Madrid 28009, Spain 28009 Madrid Spain		
Party (country authorizing participation): Spain		
End-date of participation: 🛛 N/A (participation)	tion is not limited in time) dd/mm/yyyy	
Contact details (primary authorized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Magro Andrade	Telephone 1:	
First name: Susana	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Soler Vera	Telephone 1:	
First name: Alberto	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
project / programme of activities. By providing a spe acceptance of the current modalities of communication Name of entity: Walloon Region - Walloon Air and Climate Agency Address: Av. Prince de Liege, 7, 5100 JAMBES, Belgique	rticipant or is newly named in respect of the above CDM ecimen signature below, the project participant confirms it	
5100 JAMBES Belgium Party (country authorizing participation):		
Belgium		
Belgium	tion is not limited in time) $\Box dd/r$	

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Contact details (primary authorized s	gnatory): Mr. 🛛 Ms. 🗌	
Last name: COOLS	Telephone 1:	
First name: Stephane	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized s	ignatory): Mr. 🗌 Ms. 🖂	
Last name: FOURMEAUX	Telephone 1:	
First name: Annick	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
The following entity is hereby added a	ipant entity (if selected, indicate former name below) s a project participant or is newly named in respect of the above CDM providing a specimen signature below, the project participant confirms its f communication.	5
Name of entity: Idemitsu Kosan Co., Ltd		
Address: 1-1, Marunouchi 3-Chome, Chiyoda-Ku 100-8321 Tokyo Japan	, Tokyo, 100-8321 Japan	
· · · F · ·		
Party (country authorizing participat Japan	on):	
Party (country authorizing participat Japan	on): N/A (participation is not limited in time) dd/mm/yyyy	
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Party (country authorizing participati Japan End-date of participation: X Contact details (primary authorized s Last name: Idemitsu	N/A (participation is not limited in time) dd/mm/yyyy gnatory): Mr. Ms. Telephone 1:	
Party (country authorizing participation: Japan End-date of participation: Contact details (primary authorized s Last name: Idemitsu First name: Shoichi	N/A (participation is not limited in time) dd/mm/yyyy gnatory): Mr. 🖾 Ms. 🗆 Telephone 1: Telephone 2 (optional):	
Party (country authorizing participation: Japan End-date of participation: Contact details (primary authorized s Last name: Idemitsu First name: Shoichi Email:	N/A (participation is not limited in time) dd/mm/yyyy gnatory): Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional): Fax (optional):	
Party (country authorizing participation: Japan End-date of participation: Contact details (primary authorized s Last name: Idemitsu First name: Shoichi Email:	N/A (participation is not limited in time) dd/mm/yyyy gnatory): Mr. Ms. Telephone 1: Telephone 2 (optional): Fax (optional): Fax (optional): Date (dd/mm/yyyy): Date (dd/mm/yyyy):	
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Party (country authorizing participation: Japan End-date of participation: Contact details (primary authorized s Last name: Idemitsu First name: Shoichi Email: Specimen signature: Contact details (alternate authorized s)	N/A (participation is not limited in time) □ dd/mm/yyyy gnatory): Mr. ⊠ Ms.□ Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy): ignatory): Mr. ⊠ Ms.□	
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Party (country authorizing participation: Japan End-date of participation: Maintain Contact details (primary authorized s Last name: Idemitsu First name: Shoichi Email: Specimen signature: Contact details (alternate authorized s) Last name: Kuroki First name: Hiroaki	N/A (participation is not limited in time) □ dd/mm/yyyy gnatory): Mr. ⊠ Ms.□ Telephone 1: Telephone 2 (optional): Fax (optional): Fax (optional): Date (dd/mm/yyyy): Date (dd/mm/yyyy): ignatory): Mr. ⊠ Ms.□ Telephone 1: Telephone 1: Telephone 1: Telephone 1: Telephone 1: Telephone 1: Telephone 2 (optional): Telephone 1:	
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Party (country authorizing participation: Japan End-date of participation: Contact details (primary authorized s Last name: Idemitsu First name: Shoichi Email: Specimen signature: Contact details (alternate authorized s) Last name: Kuroki First name: Hiroaki Email: Specimen signature: MAdd project participant entity Change legal name of project partice The following entity is hereby added a project / programme of activities. By	N/A (participation is not limited in time) □ dd/mm/yyyy gnatory): Mr. ⊠ Ms.□ Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy): ignatory): Mr. ⊠ Ms.□ Telephone 1: Telephone 1: Telephone 2 (optional): Telephone 1: Telephone 1: Telephone 2 (optional): Fax (optional): Telephone 2 (optional): Telephone 2 (optional): Date (dd/mm/yyyy): Date (dd/mm/yyyy): Date (dd/mm/yyyy):	

Address: 5-2-1 Makiminato, Urasoe, Okina	wa Japan, 901-2602		
921-5602 Okinawa Japan			
Party (country authorizing part	icipation):		
Japan			
End-date of participation:	\square N/A (participation is not limited in time) \square dd/mm/yyyy		
Contact details (primary author	ized signatory):	Mr. 🖾 Ms.	
Last name: Tsukayama		Telephone 1:	
First name: Tadashi		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
The following entity is hereby a	participant entity (<i>if selec</i> dded as a project particip s. By providing a specimo	cted, indicate former name below) ant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
Netherlands' Ministry of Infrastru-	cture and the Environment		
Address: Pesmanweg 1-6, 2597 JG The Hag 2597 The Hague Netherlands	gue, The Netherlands		
Party (country authorizing part Netherlands	icipation):		
End-date of participation:	N/A (participation i	is not limited in time) dd/mm/yyyy	
Contact details (primary author	ized signatory):	Mr. 🛛 Ms.	
Last name: Van Hagen		Telephone 1:	
First name: Fredericus		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
The following entity is hereby a project / programme of activitie acceptance of the current modal	participant entity (<i>if selec</i> dded as a project particip s. By providing a specimo	cted, indicate former name below) oant or is newly named in respect of the above CDM on signature below, the project participant confirms its	
Name of entity: Statoil ASA			
Address: Forusbeen 50, 4035 Stavanger, No 4035 Stavanger Norway	orway		
Party (country authorizing part Norway	icipation):		
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary author	ized signatory):	Mr. 🛛 Ms.	
Last name: Gautesen		Telephone 1:	
First name: Kristian L		Telephone 2 (optional):	

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Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Egeland	Telephone 1:	
First name: Thomas B	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of authority (h		D
Name of authorized signatory:	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signator	y per focal point is required.)	