

CDM-MOC-FORM Form: ANNEX 2

Date of submission		06/01/2010
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Hubei Eco-Farming Biogas Project Phase I	
2. Please state reference Number if available	2221	
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: Walloon Region		
Party (country that authorised participation): Belgium		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Cools	Telephone:	
First name: Stephane	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	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

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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:

Only one primary or alternate signatory per focal point entity is required.

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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: Malmndorf

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):

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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: Lyng 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):

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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:

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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):

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Signature:

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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):

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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):

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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:

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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:

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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:

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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:

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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:

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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:

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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:

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Name of the entity:

Schweizerische Ruckversicherungsgesellschafts 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:

Only one primary or alternate signatory per focal point entity is required.