

# CDM-MOC-FORM Form: ANNEX 2

<b>Date of submission</b>		10/08/2011
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Jincheng Sihe Coal Mine CMM Generation Project	
<b>2. Please state reference Number if available</b>	1896	
<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> MIT Carbon Fund Co., Ltd. [MIT]		
<b>Party (country that authorised participation):</b> Japan		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Hokari	Telephone:	
First name: Takeshi	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Ito	Telephone:	
First name: Miho	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:**

Shikoku Electric Power Company, Incorporated

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Sawada

Telephone:

First name: Yoshitaka

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Yamagata

Telephone:

First name: Hiromichi

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:**

Tohoku Electric Power Co., Inc.

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Okanobu

Telephone:

First name: Shinichi

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Ogasawara

Telephone:

First name: Shuichi

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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**Name of the entity:**

The Tokyo Electric Power Co., Inc.

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Kageyama

Telephone:

First name: Yoshihiro

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Kimura

Telephone:

First name: Atsushi

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:**

Deutsche Bank AG

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

United Kingdom of Great Britain and Northern Ireland

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

Mr. ☒ Ms. ☐

Last name: Costa-D'sa

Telephone:

First name: David

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Lawless

Telephone:

First name: Martin

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:**

Electrabel S.A

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

Netherlands

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

Mr. ☒ Ms. ☐

Last name: Van Twembeke

Telephone:

First name: Willem

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Sirat

Telephone:

First name: Michel

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:**

Norsk Hydro ASA

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

Norway

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

Mr. ☐ Ms. ☒

Last name: Rathe

Telephone:

First name: Liv

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Plikk

Telephone:

First name: Martin

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.