

CDM-MOC-FORM Form: ANNEX 2

Date of submission		16/05/2012
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity		
2. Please state reference Number if available		2956
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: BASF SE		
Party (country that authorised participation): Germany		
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Evers		Telephone:
First name: Horatio		Fax:
Email:		Address:
Specimen signature:		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Merger		Telephone:
First name: Roland		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:

KfW

Party (country that authorised participation):

Germany

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Mulder

Telephone:

First name: Karin

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Annette

Telephone:

First name: Detken

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:

Austria -Kommunalkredit Public Consulting GmbH

Party (country that authorised participation):

Austria

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Amerstorfer

Telephone:

First name: Alexandra

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Eichberger

Telephone:

First name: Sascha

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:

Walloon Region - Walloon Air and Climate Agency

Party (country that authorised participation):

Belgium

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: NICOLAS

Telephone:

First name: Stephane

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

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:

Bruxelles Environnement - IBGE

Party (country that authorised participation):

Belgium

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Huytebroeck

Telephone:

First name: Evelyne

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Hannequart

Telephone:

First name: Jean-Pierre

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: Pringle

Telephone:

First name: Gary

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.