CDM-MOC-FORM Form: ANNEX 2

Date of submission		09/03/2011
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Assisted Natural Regeneration Albania	of Degraded Lands in
2. Please state reference Number if available	2714	
SECTION 2: ADDITION/CHANGE OF NAME OF PROJECT PARTICIPANT		RTICIPANT
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 <u>Statement</u> 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: Idemitsu	Telephone:	
First name: Shoichi	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. Ms.	
Last name: Inami	Telephone:	
First name: Koji	Fax:	
Email:	Address:	
Specimen signature:	1	
Signature(s) of designated focal point for scope (b):	D	ate:
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 <u>Statement</u> of Agreement of the current modalities of communication.		
Name of the entity: The Okinawa Electric Power Co., Inc.		
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:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Suntory Holdings Limited		
Party (country that authorised participation): Japan		
Contact details (primary authorized signatory):	^{Mr.} ⊠ ^{Ms.} □	
Last name: Naiki	Telephone:	
First name: Kenji	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	^{Mr.} ⊠ ^{Ms.} □	
Last name: Shiina	Telephone:	
First name: Takenobu	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 <u>Statement</u> of Agreement of the current modalities of communication.		
Name of the entity: 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.		

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Name of the entity: Sumitomo Joint Electric Power Co., Ltd.		
Party (country that authorised participation): Japan		
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗆	
Last name: Ishikawa	Telephone:	
First name: Kiminori	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Kamei	Telephone:	
First name: Yosuke	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: Japan Iron and Steel Federation (JISF) Party (country that authorised participation): Japan	
Contact details (primary authorized signatory):	Mr. Ms.
Last name: Terashima	Telephone:
First name: Kiyotaka	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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Party (country that authorised participation): Japan		
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗆	
Last name: Toyosaki	Telephone:	
First name: Masao	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. 🛛 Ms. 🗆	
Last name: Yoshida	Telephone:	
First name: Tomoya	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 <u>Statement</u> of Agreement of the current modalities of communication. Name of the entity: Sumitomo Chemical		
Party (country that authorised participation):		
Japan		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: Murakami	Telephone:	
First name: Masakazu	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. × Ms.	
Last name: Nakai	Telephone:	
First name: Toshimasa	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.		