

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:		19/02/2013
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Redevelopment of Tana Hydro Power Station Project
Project / programme of activities reference number:		5023
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Kommunalkredit Public Consulting GmbH		
Address: Tuerkenstrasse 9, 1092 Vienna, Austria 1092 Vienna Austria		
Party (country authorizing participation): Austria		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Diernhofer		Telephone 1:
First name: Wolfgang		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ranftler		Telephone 1:
First name: Thomas		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Walloon Region: Walloon Air and Climate Agency		
Address: avenue Prince de Liege 7 bte 2 - 5100 JAMBES 5100 JAMBES Belgium		
Party (country authorizing participation): Belgium		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	

Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: NICOLAS		Telephone 1:
First name: Stephane		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: FOURMEAUX		Telephone 1:
First name: Annick		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Bruxelles Environnement - IBGE		
Address: Gulledelle 100, 1200 Brussels 1200 Brussels Belgium		
Party (country authorizing participation): Belgium		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Huytebroeck		Telephone 1:
First name: Evelyne		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Hannequart		Telephone 1:
First name: Jean-Pierre		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Kingdom of Spain- Ministry of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness		

Address: Address 1: Alcala, 92, Madrid 28009, Spain Address 2: Paseo de la Castellana 162, Madrid 28071, Spain 28009 Madrid Spain	
Party (country authorizing participation): Spain	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Soler Vera	Telephone 1:
First name: Alberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.	
Name of entity: BASF SE	
Address: 67056 Ludwigshafen 67056 Ludwigshafen Germany	
Party (country authorizing participation): Germany	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Naim Zakaria	Telephone 1:
First name: Ahmadi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Merger	Telephone 1:
First name: Roland	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	

☒ Add project participant entity

☐ Change legal name of project participant entity (if selected, indicate former name below)

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:

KfW

Address:

KfW

LGd Carbon Fund

Palmengartenstr. 5-9, Frankfurt, 60325, Germany

60325 Frankfurt

Germany

Party (country authorizing participation):

Germany

End-date of participation:

☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Sekinger

Telephone 1:

First name: Florian

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Zander

Telephone 1:

First name: Bernhard

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

☒ Add project participant entity

☐ Change legal name of project participant entity (if selected, indicate former name below)

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:

Ministry for Sustainable Development and Infrastructure- Department of Environment

Address:

3, rue de la Congregation L-1352 Luxembourg

1352 Luxembourg

Luxembourg

Party (country authorizing participation):

Luxembourg

End-date of participation:

☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: WIRTZ

Telephone 1:

First name: Raoul

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

☒ Add project participant entity☐ Change legal name of project participant entity (if selected, indicate former name below)

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:

Ruukki Metals Oy

Address:

P.O. BOX 138, Suolakivenkatu 1, 00811 Helsinki
00811 Helsinki
Finland

Party (country authorizing participation):

Finland

End-date of participation:☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy**Contact details (primary authorized signatory):**Mr. ☒ Ms. ☐

Last name: Hemminki

Telephone 1:

First name: Toni

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

☒ Add project participant entity☐ Change legal name of project participant entity (if selected, indicate former name below)

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:

Schweizerische Ruckversicherungsgesellschafts AG (Swiss RE)

Address:

Mythenquai 50/60, 8022 Zurich
8022 Zurich
Switzerland

Party (country authorizing participation):

Switzerland

End-date of participation:☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy**Contact details (primary authorized signatory):**Mr. ☒ Ms. ☐

Last name: ECKERT

Telephone 1:

First name: Vincent

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):Mr. ☒ Ms. ☐

Last name: SPIEGEL

Telephone 1:

First name: Andreas

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

Signature(s) of the focal point for scope of authority (b)

Name of authorized signatory:

Signature

Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per focal point is required.)