## **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:			20/04/2015		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		Use of Charcoal from Renewable Biomass Plantations as Reducing Agent in Pig Iron Mill in Brazil			
Project / programme of activities reference number:		7577			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Idemitsu Kosan Co., Ltd.					
Address: 1-1, Marunouchi 3-Chome, Chiyoda-Ku 100-8321 Tokyo Japan					
Party (country authorizing participation): Japan					
End-date of participation:	☑ N/A (participation)	is not limited in time)  dd/mn	n/yyyy		
Contact details (primary authoriz	ed signatory):	Mr. ⋈ Ms. □			
Last name: Sono		Telephone 1:			
First name: Naoya		Telephone 2 (optional):			
Email:	Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorize	zed signatory):	Mr. ⋈ Ms.			
Last name: Uesugi	· · · · · · · · · · · · · · · · · · ·		Telephone 1:		
First name: Kenji		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
		(			
Name of entity: Japan Petroleum Exploration Co., Ltd.					
Address:  SAPIA Tower, 1-7-12, Marunouchi, Chiyoda-ku 100-0005 Tokyo Japan  Porty (country outhorizing participation):					
Party (country authorizing partic Japan	ipation):				

Contact details (primary authorize	N/A (participation	is not limited in time) \( \square \text{dd/mm/yyyy} \)	
Contact details (primary authorize	d signatory):	Mr. ⊠ Ms.□	
Last name: Suzuki		Telephone 1:	
First name: Shogo		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □	
Last name: Yoshikawa		Telephone 1:	
First name: Seiji		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
	By providing a specim	pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
The Okinawa Electric Power Co., Inc	2.		
901-2602 Okinawa Japan  Party (country authorizing particip Japan			
End-date of participation:		is not limited in time)	
Contact details (primary authorized signatory):		Mr. ☑ Ms. ☐	
Last name: Tsukayama		Telephone 1:	
First name: Tadashi		Telephone 2 (optional):	
riist name. Tagasiii		Telephone 2 (optional):	
Email:		Telephone 2 (optional):  Fax (optional):	
		, , , ,	
Email:  Specimen signature:  Add project participant entity Change legal name of project pa The following entity is hereby adde project / programme of activities. I acceptance of the current modalities	ed as a project partici By providing a specim	Fax (optional):  Date (dd/mm/yyyy):	
Email:  Specimen signature:  Add project participant entity Change legal name of project pa The following entity is hereby adde project / programme of activities. I acceptance of the current modalitie Name of entity: Sumitomo Joint Electric Power Co., I	ed as a project participal providing a specimes of communication.	Fax (optional):  Date (dd/mm/yyyy):  ected, indicate former name below) pant or is newly named in respect of the above CDM	
Email:  Specimen signature:  Add project participant entity  Change legal name of project pa The following entity is hereby adde project / programme of activities. I acceptance of the current modalities  Name of entity:	ed as a project participal providing a specimes of communication.	Fax (optional):  Date (dd/mm/yyyy):  ected, indicate former name below) pant or is newly named in respect of the above CDM	
Email:  Specimen signature:  Add project participant entity Change legal name of project pa The following entity is hereby adde project / programme of activities. Is acceptance of the current modalities  Name of entity: Sumitomo Joint Electric Power Co., Is Address: 16-5 Isouracho, Niihana City, Ehime 0000 Ehime	ed as a project participal providing a specimes of communication.  Ltd.  Pref	Fax (optional):  Date (dd/mm/yyyy):  ected, indicate former name below) pant or is newly named in respect of the above CDM	
Email:  Specimen signature:  Add project participant entity Change legal name of project pa The following entity is hereby adde project / programme of activities. Is acceptance of the current modalities.  Name of entity: Sumitomo Joint Electric Power Co., Is Address: 16-5 Isouracho, Niihana City, Ehime 0000 Ehime Japan  Party (country authorizing particip	ed as a project participal providing a specimes of communication.  Ltd.  Pref  pation):	Fax (optional):  Date (dd/mm/yyyy):  ected, indicate former name below) pant or is newly named in respect of the above CDM	
Email:  Specimen signature:  Add project participant entity Change legal name of project pa The following entity is hereby adde project / programme of activities. Is acceptance of the current modalities  Name of entity: Sumitomo Joint Electric Power Co., Is  Address: 16-5 Isouracho, Niihana City, Ehime 0000 Ehime Japan  Party (country authorizing particip Japan	ed as a project participal providing a specimes of communication.  Ltd.  Pref  Dation):	Fax (optional):  Date (dd/mm/yyyy):  ected, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	

First name: Hidekazu		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature: Date (dd/mm/yyyy):						
Contact details (alternate authori	zed signatory):	Mr. ☑ Ms. □				
Last name: Adachi		Telephone 1:				
First name: Hisakazu		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Name of entity: Suntory Holdings Limited						
Address: 2-3-3, Daiba, Minato-ku 135-8631 Tyoko Japan						
Party (country authorizing partic Japan	ipation):					
End-date of participation:	N/A (participation)     N/A (participation)	ion is not limited in time)				
Contact details (primary authoriz	zed signatory):	Mr. ⋈ Ms. □				
Last name: Naiki		Telephone 1:				
First name: Kenji		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Contact details (alternate authori	zed signatory):	Mr. ⋈ Ms. □				
Last name: Shiina		Telephone 1:				
First name: Takenobu		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Name of entity: Tokyo Electric Power Company, In	corporated					
Address: 1-3, Uchisaiwai-cho 1-chome, Chiy 100-8560 Tokyo Japan  Party (country authorizing partic						
Japan	- /					

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End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy				
Contact details (primary authorized signatory):		Mr.⊠ Ms.□			
Last name: Shirai		Telephone 1:			
First name: Makoto		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□			
Last name: Kodaira		Telephone 1:			
First name: Shigeru		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
☐ 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:					
Sumitomo Chemical					
Address: 27-1 Shinkawa 2-chome, Chuo-ku 104-8260 Tokyo Japan					
Party (country authorizing partic Japan	ipation):				
End-date of participation:	n:				
Contact details (primary authoriz	zed signatory):	Mr. ⊠ Ms. □			
Last name: Murakami		Telephone 1:			
First name: Masakazu		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□			
Last name: Mori		Telephone 1:			
First name: Jiro		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			

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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.)				