**CDM-MOC-FORM Form: ANNEX 2**

| **Date of submission** | 25/08/2011 |
|---|---|
| **SECTION 1: PROJECT DETAILS** | |
| **1. Title of the CDM project activity** | AES Tietê Afforestation/Reforestation Project in the State of São Paulo, Brazil |
| **2. Please state reference Number if available** | 3887 |

**SECTION 2: ADDITION/CHANGE OF NAME OF PROJECT PARTICIPANT**

☒ **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:** Eco-Carbone S.A.S | |
| **Party (country that authorised participation):** France | |
| **Contact details (primary authorized signatory):** | Mr.☒ Ms.☐ |
| Last name: Kreiss | Telephone: |
| First name: Olivier | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr.☒ Ms.☐ |
| Last name: Bouzanquet | Telephone: |
| First name: Thomas | 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:**<br>Government of Italy - Ministry for the Environment, Land and Sea | |
| **Party (country that authorised participation):**<br>Italy | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Clini | Telephone: |
| First name: Corrado | 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. | |