

**Form: ANNEX 2**

<b>Date of submission</b>	14/03/2011
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**Section 1: Project Details**

<b>1. Title of the CDM project activity</b>	Onyx Landfill Gas Recovery Project – Trémembé, Brazil
<b>2. Please state reference number if available</b>	0027

**Section 2: Addition/change of name of a 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:**  
Resicontrol Soluções Ambientais Ltda.

**Party (country that authorised participation):**  
Brazil

**Former name of project participant:**  
SASA

<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Palma	Telephone:
First name: Breno	Fax:
Email:	Address:

Specimen signature:

<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
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.

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.**

<b>Name of the entity:</b> NL Agency	
<b>Party (country that authorised participation):</b> Netherlands	
<b>Former name of project participant:</b> SenterNovem	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Boeree	Telephone:
First name: Rob	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
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.	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>	

**The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details:**

Project Participant

Focal Point

**Name of the entity:**

Resicontrol Soluções Ambientais Ltda.

**Party (country that authorised participation):**

Brazil

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Palma

Telephone:

First name: Breno

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Caldas

Telephone:

First name: Bruno

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.

**The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details:**

Project Participant

Focal Point

**Name of the entity:**

NL Agency

**Party (country that authorised participation):**

Netherlands

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Boérée

Telephone:

First name: Rob

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Havinga

Telephone:

First name: Johan

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.