

Form: ANNEX 2

Date of submission	14/03/2011
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Section 1: Project Details

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

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

Specimen signature:

Contact details (alternate authorized signatory):	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.

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

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.