## **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:                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | 05/1                                              | 2/2013 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|--------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                   |        |
| Title of the project / programme of activities:                                                                                                                                                                                                                                                                                                                                                                |                                                            | Use of waste gas at Namakwa Sands in South Africa |        |
| Project / programme of activities reference number:                                                                                                                                                                                                                                                                                                                                                            |                                                            | 5884                                              |        |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT<br>ENTITY/IES                                                                                                                                                                                                                                                                                                                                |                                                            |                                                   |        |
| 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:<br>Tronox Mineral Sands (Pty) Ltd                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                   |        |
| Address: Trunk Road 85/1 7395 Saldanha South Africa                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                   |        |
| Party (country authorizing participation): South Africa                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                                   |        |
| End-date of participation:                                                                                                                                                                                                                                                                                                                                                                                     | ■ N/A (participation is a participation is participation). | is not limited in time) dd/mm/yyyy                | 7      |
| Contact details (primary authorized signatory):                                                                                                                                                                                                                                                                                                                                                                |                                                            | Mr. ⊠ Ms.□                                        |        |
| Last name: Haley                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | Telephone 1:                                      |        |
| First name: Peter                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Telephone 2 (optional):                           |        |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | Fax (optional):                                   |        |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | Date (dd/mm/yyyy):                                |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                   |        |
| Contact details (alternate authorized signatory):                                                                                                                                                                                                                                                                                                                                                              |                                                            | Mr. ⊠ Ms.□                                        |        |
| Last name: Southey                                                                                                                                                                                                                                                                                                                                                                                             |                                                            | Telephone 1:                                      |        |
| First name: David                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | 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                                                                                                                                                                                                                                                                                            |                                                            |                                                   |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                   |        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                   |        |
| (Add lines for signatories as necessary. Only one signatory per focal point is required.)                                                                                                                                                                                                                                                                                                                      |                                                            |                                                   |        |