

**Form: ANNEX 2**

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|---|--|------------------|
| <b>Date of submission</b>   |  | 12/10/2011       |
| <b>Section 1: Project Details</b>   |  |                  |
| <b>1. Title of the CDM project activity</b>   | Community-Based Renewable Energy Development in the Northern Areas and Chitral (NAC), Pakistan |                  |
| <b>2. Please state reference number if available</b>  | 1713   |                  |
| <b>Section 2: <u>Addition/change of name of a project participant</u></b>   |  |                  |
| <input type="checkbox"/> Add project participant<br><input checked="" type="checkbox"/> Change name of project participant<br><b>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 <u>Statement of Agreement</u> of the current modalities of communication.</b> |  |                  |
| <b>Name of the entity:</b><br>Ruukki Metals Oy  |  |                  |
| <b>Party (country that authorised participation):</b><br>Finland  |  |                  |
| <b>Former name of project participant:</b><br>Rautaruukki Oyj   |  |                  |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                           |                  |
| Last name: Hemminki   | Telephone:   |                  |
| First name: Toni  | Fax:   |                  |
| Email:  | Address:   |                  |
| Specimen signature:   |  |                  |
| <b>Contact details (alternate authorized signatory):</b>  |  |                  |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>  |  |                  |
| Last name: Miettinen  | Telephone:   |                  |
| First name: Markku  | 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.   |  |                  |