

**Form: ANNEX 2**

|   |  |                  |
|---|--|------------------|
| <b>Date of submission</b>   |  | 09/02/2011       |
| <b>Section 1: Project Details</b>   |  |                  |
| <b>1. Title of the CDM project activity</b>   | Biogas Support Program - Nepal (BSP-Nepal) Activity-2                |                  |
| <b>2. Please state reference number if available</b>  | 0139   |                  |
| <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>Netherland's Ministry of Infrastructure and the Environment (IenM)  |  |                  |
| <b>Party (country that authorised participation):</b><br>Netherlands  |  |                  |
| <b>Former name of project participant:</b><br>Netherland's Ministry of Housing, Spatial Planning and the Environment (VROM)   |  |                  |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |                  |
| Last name: Gerards  | Telephone:   |                  |
| First name: Marisa  | Fax:   |                  |
| Email:  | Address:   |                  |
| Specimen signature:   |  |                  |
|   |  |                  |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                  |
| Last name: Goote  | Telephone:   |                  |
| First name: Maas  | 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.   |  |                  |