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:			19/02/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		Optimisation of Kiambere Hydro Power Project		
Project / programme of activities reference number:		7783		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT				
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: Fujifilm Corporation				
Address: 9-7-3, Akaska, Minato-Ku, Tokyo, 107-0052, Japan 107-0052 Tokyo Japan				
Party (country authorizing participation): Japan				
End-date of participation: N/A (participation is not limited in time) □ dd/mm/yyyy		n/yyyy		
Contact details (primary authorized signatory):		Mr.⊠ Ms.□		
Last name: Kijima		Telephone 1:		
First name: Yoshihiko		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □		
Last name: Ohki		Telephone 1:		
First name: Nobutaka		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Address: Plaza de la Gesta 2, 33208 Oviedo, 33208 Oviedo Spain	Spain			
Party (country authorizing participation): Spain				
End-date of participation:	✓ N/A (participation i	s not limited in time) dd/mn	n/yyyy	

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Contact details (primary authorized signatory):	Mr. ⋈ Ms. □	
Last name: Garcia Marinas	Telephone 1:	
Last name. Garcia ivialinas	Telephone 1.	
First name: Juan Carlos	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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