

Form: ANNEX 2

Date of submission		23/01/2012
Section 1: Project Details		
1. Title of the CDM project activity	Incauca S. A. Fuel Switch from Coal to Green Harvest Residues CDM Project	
2. Please state reference number if available	1770	
Section 2: <u>Addition/change of name</u> of a project participant		
<input type="checkbox"/> Add project participant <input checked="" type="checkbox"/> 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 <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Netherlands' Ministry of Infrastructure and the Environment (IenM)		
Party (country that authorised participation): Netherlands		
Former name of project participant: The State of the Netherlands, acting through the Netherlands Ministry of Housing, Spatial Planning and the Environment (VROM)		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Goote	Telephone:	
First name: Maas	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:

Corporación Andina de Fomento (CAF)

Party (country that authorised participation):

Netherlands

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Gomez

Telephone:

First name: Mary

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Rojas

Telephone:

First name: Camilo

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.