

Form: ANNEX 2

Date of submission		25/07/2011
Section 1: Project Details		
1. Title of the CDM project activity	Recovery of associated gas that would otherwise be flared at Kwale oil-gas processing plant, Nigeria	
2. Please state reference number if available	0553	
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:		
<input type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point		
Name of the entity: NAOC - Nigerian Agip Oil Company Ltd - eni spa e&p division		
Party (country that authorised participation): Nigeria		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Jallais	Telephone:	
First name: Norbert	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Insulla	Telephone:	
First name: Massimo	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.		

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:

NAOC - Nigerian Agip Oil Company Ltd - eni spa e&p division

Party (country that authorised participation):

Italy

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Jallais

Telephone:

First name: Norbert

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Insulla

Telephone:

First name: Massimo

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.