

**Form: ANNEX 2**

<b>Date of submission</b>		17/10/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	LOS ALGARROBOS HYDROELECTRIC PROJECT (PANAMA)	
<b>2. Please state reference number if available</b>	0081	
<b>Section 2: <u>Addition/change of name of a project participant</u></b>		
<input type="checkbox"/> Add project participant <input checked="" type="checkbox"/> Change name of project participant <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> Energía y Servicios de Panamá, S.A.		
<b>Party (country that authorised participation):</b> Panama		
<b>Former name of project participant:</b> Empresa de Distribucion Electrica Chiriquí S.A.		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Barranco Pérez	Telephone:	
First name: Ricardo Augusto	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>		
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Barrera Morales	Telephone:	
First name: Alfredo Porfirio	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.		
<input type="checkbox"/> Add project participant <input checked="" type="checkbox"/> Change name of project participant <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> Gas Natural SDG S.A.	
<b>Party (country that authorised participation):</b> Spain	
<b>Former name of project participant:</b> Union Fenosa S.A.	
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Sanz Garcia	Telephone:
First name: Rosa M <sup>a</sup>	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Mateos Bermejo	Telephone:
First name: Elena	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.	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>	

**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:**

Energía y Servicios de Panamá S.A.

**Party (country that authorised participation):**

Panama

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Barranco Pérez

Telephone:

First name: Ricardo Augusto

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Barrera Morales

Telephone:

First name: Alfredo Porfirio

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:**

Gas Natural SDG S.A.

**Party (country that authorised participation):**

Spain

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Sanz Garcia

Telephone:

First name: Rosa M<sup>a</sup>

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Mateos Bermejo

Telephone:

First name: Elena

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.