CDM-MOC-FORM Form: ANNEX 2

Date of submission	18/07/2012
SECTION 1: PROJECT DETAILS	
1. Title of the CDM project activity	Aberdare Range / Mt. Kenya Small Scale Reforestation Initiative Kirimara-Kithithina Small Scale A/R Project
2. Please state reference Number if available	3207

SECTION 2: ADDITION/CHANGE OF NAME OF PROJECT PARTICIPANT

☒ **Add project participant**
☐ **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 Statement of Agreement of the current modalities of communication.

Name of the entity: Kingdom of Spain-Ministry of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness	
Party (country that authorised participation): Spain	
Contact details (primary authorized signatory):	Mr.☐ Ms.☒
Last name: Magro Andrade	Telephone:
First name: Susana	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.☒ Ms.☐
Last name: Soler Vera	Telephone:
First name: Alberto	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.	

☒ **Add project participant**
☐ **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 Statement of Agreement of the current modalities of communication.

Name of the entity: Eco-Carbone S.A.S	
Party (country that authorised participation): France	
Contact details (primary authorized signatory):	Mr.☒ Ms.☐
Last name: Kreiss	Telephone:
First name: Olivier	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.☒ Ms.☐
Last name: Bouzanquet	Telephone:
First name: Thomas	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.