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: | | 01/11/2017 | | |
|--|------------------------|---|--|--|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | |
| Title of the project / programme of activities: | | Niger Acacia Senegal Plantation Project | | |
| Project / programme of activities reference number: | | 9708 | | |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT | | | | |
| | ENTTI | TY/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: Suntory Holdings Limited | | | | |
| Address: 2-3-3 Daiba, Minato-ku, 135-8631 Tokyo Japan | | | | |
| Party (country authorizing participation): Japan | | | | |
| End-date of participation: | ☐ N/A (participation i | is not limited in time) 🔀 31/12/2019 | | |
| Contact details (primary authorize | ed signatory): | Mr.⊠ Ms.□ | | |
| Last name: Oya | | Telephone 1: | | |
| First name: Tomoyuki | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | |
| | | | | |
| Name of entity: Tokyo Electric Power Company Holdings, Inc | | | | |
| Address: 1-1-3, Uchisaiwai-cho, Chiyoda-ku, 100-8560 Tokyo Japan | | | | |
| Party (country authorizing particip Japan | pation): | | | |
| End-date of participation: ☐ N/A (participation is not limited in time) ☐ 31/12/2019 | | | | |
| Contact details (primary authorized signatory): | | Mr.⊠ Ms.□ | | |
| Last name: Nakai | | Telephone 1: | | |
| First name: Yasutaka | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |

| Specimen signature: Date (dd/mm/yyyy): | | | | |
|---|---|--|--|--|
| | | | | |
| Contact details (alternate authorized signatory): | Mr. ⋈ Ms.□ | | | |
| Last name: Tawara | Telephone 1: | | | |
| First name: Youichi | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |
| | | | | |
| | | | | |
| Name of entity: Sumitomo Joint Electric Power Co., Ltd | | | | |
| Address: 16-5 Isouracho, Ehime Pref, Niihana City Japan | | | | |
| Party (country authorizing participation): Japan | | | | |
| End-date of participation: N/A (participation | on is not limited in time) $\boxtimes 31/12/2019$ | | | |
| Contact details (primary authorized signatory): | Mr. ⊠ Ms. □ | | | |
| Last name: Onishi | Telephone 1: | | | |
| First name: Takao | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |
| | | | | |
| Contact details (alternate authorized signatory): | Mr.⊠ Ms.□ | | | |
| Last name: Hamada | Telephone 1: | | | |
| First name: Hideki | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |
| | | | | |
| | | | | |
| Name of entity: The Okinawa Electric Power Co., Inc | | | | |
| Address: 5-2-1,Makiminato, Urasoe, 901-2602 Okinawa Japan | | | | |
| Party (country authorizing participation): Japan | | | | |

| End-date of participation: | ☐ N/A (participation | n is not limited in time) 🔀 31/12/2019 | | |
|--|--|--|--|--|
| Contact details (primary authorize | zed signatory): | Mr. ⋈ Ms. □ | | |
| Last name: Yagi | | Telephone 1: | | |
| First name: Makoto | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | |
| | | | | |
| | | | | |
| Name of entity: Japan Iron and Steel Federation (JISF) | | | | |
| Address: 3-2-10, Nihonbashi-Kayabacho, Chuo-ku, 103-0025 Tokyo Japan | | | | |
| Party (country authorizing participation): Japan | | | | |
| End-date of participation: | ☐ N/A (participation | n is not limited in time) 🛛 31/12/2019 | | |
| Contact details (primary authoriz | zed signatory): | Mr.⊠ Ms.□ | | |
| Last name: Takanao | | Telephone 1: | | |
| First name: Ibuki | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: | Specimen signature: Date (dd/mm/yyyy): | | | |
| | | | | |
| Contact details (alternate authori | zed signatory): | Mr.⊠ Ms.□ | | |
| Last name: Junichi | | Telephone 1: | | |
| First name: Tamura | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | |
| | | | | |
| Name of entity: Japan Petroleum Exploration Co., Ltd | | | | |
| Address: SAPIA Tower, 1-7-12, Marunouchi, Chiyoda-ku, 100-0005 Tokyo Japan | | | | |
| Party (country authorizing participation): Japan | | | | |
| End-date of participation: | ☐ N/A (participation | n is not limited in time) 🛛 31/12/2019 | | |
| Contact details (primary authoriz | zed signatory): | Mr.⊠ Ms.□ | | |

| Last name: Nakamura | | Telephone 1: | | | |
|---|---|--|--|--|--|
| First name: Mitsuyoshi | | Telephone 2 (optional): | | | |
| Email: | | Fax (optional): | | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | | |
| | | | | | |
| ☑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: Idemitsu Kosan Co., Ltd | nes of communication. | | | | |
| Address: 1-1, Marunouchi 3-Chome, Chiyod 100-8321 Tokyo Japan | a-Ku | | | | |
| Party (country authorizing partic Japan | ipation): | | | | |
| End-date of participation: | ☐ N/A (participation i | s not limited in time) 🛮 31/12/2019 | | | |
| Contact details (primary authorize | zed signatory): | Mr. ⊠ Ms.□ | | | |
| Last name: Sono | | Telephone 1: | | | |
| First name: Naoya | | Telephone 2 (optional): | | | |
| Email: | | Fax (optional): | | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | | |
| Contact details (alternate authori | zed signatory): | Mr. ☑ Ms.□ | | | |
| Last name: Uesugi | | Telephone 1: | | | |
| First name: Kenji | | Telephone 2 (optional): | | | |
| Email: | | Fax (optional): | | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | | |
| project / programme of activities. acceptance of the current modalit | ded as a project particip By providing a specime | cted, indicate former name below) ant or is newly named in respect of the above CDM en signature below, the project participant confirms its | | | |
| Name of entity: Sumitomo Chemical Company, Limited | | | | | |
| Address: 27-1, Shinkawa 2-chome, Chuo-ku 104-8260 Tokyo Japan | | | | | |
| Party (country authorizing partic Japan | ripation): | | | | |
| End-date of participation: | ☐ N/A (participation i | s not limited in time) 🛮 31/12/2019 | | | |
| Contact details (primary authorize | zed signatory): | Mr.⊠ Ms.□ | | | |
| Last name: Komoto | | Telephone 1: | | | |
| First name: Mitsuaki | | Telephone 2 (optional): | | | |
| Email: | | Fax (optional): | | | |

| Specimen signature: | Date (dd/mm/yyyy): | | | |
|--|-------------------------------------|--|--|--|
| Contact details (alternate authorized signatory): | Mr.⊠ Ms.□ | | | |
| Last name: Takasaki | Telephone 1: | | | |
| First name: Yoshihisa | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |
| | | | | |
| Name of entity: Ministry of Sustainable Development and Infrastructure | | | | |
| Address: 4, Place de l'Europe L-2918 Luxembourg Luxembourg | | | | |
| Party (country authorizing participation): Luxembourg | | | | |
| End-date of participation: N/A (participation i | s not limited in time) 🛮 31/12/2019 | | | |
| Contact details (primary authorized signatory): | Mr. ⊠ Ms.□ | | | |
| Last name: Haine | Telephone 1: | | | |
| First name: Henri | 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 | | | |
| (Add lines for signatories as necessary. Only one signatory p | er focal point is required.) | | | |