CDM-MOC-FORM Form: ANNEX 2

Date of submission	11/10/2010
SECTION 1: PROJECT DETAILS	
1. Title of the CDM project activity	N2O abatement project at nitric acid plant No. 11 at African Explosives Ltd. (AEL), South Africa
2. Please state reference Number if available	1364

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: N.serve Environmental Services GmbH	
Party (country that authorised participation): Switzerland	
Contact details (primary authorized signatory):	Mr.☒ Ms.☐
Last name: von Ruffer	Telephone:
First name: Albrecht	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.☒ Ms.☐
Last name: von Velsen-Zerweck	Telephone:
First name: Marten	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: Electrabel NV/SA	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Herthoge	Telephone:
First name: Charles	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Langendries	Telephone:
First name: Katrien	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.	