

CDM-MOC-FORM Form: ANNEX 2

Date of submission		13/11/2011
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Conversion of existing open cycle gas turbine to combined cycle at the Central Termica Patagonia power station, Comodoro Rivadavia, Argentina	
2. Please state reference Number if available	1482	
SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> 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 <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Kreditanstalt für Wiederaufbau, Frankfurt am Main - KfW		
Party (country that authorised participation): Germany		
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Mulder	Telephone:	
First name: Karin	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Detken	Telephone:	
First name: Anette	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:

Corporación Andina de Fomento - CAF acting as Trustee for the Iniciativa Iberoamericana del Carbono

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Gomez

Telephone:

First name: Mary

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Rojas

Telephone:

First name: Camilo

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.