

**CDM-MOC-FORM Form: ANNEX 2**

<b>Date of submission</b>		27/10/2011
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Southern Nicaragua CDM Reforestation Project	
<b>2. Please state reference Number if available</b>	3970	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> Add project participant <input 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> Idemitsu Kosan Co., Ltd.		
<b>Party (country that authorised participation):</b> Japan		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Idemitsu	Telephone:	
First name: Shoichi	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Inami	Telephone:	
First name: Koji	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:**

Japan Iron and Steel Federation (JISF)

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Terashima

Telephone:

First name: Kiyotaka

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

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

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**Name of the entity:**

Japan Petroleum Exploration Co., Ltd. (JAPEX)

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Toyosaki

Telephone:

First name: Masao

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Yoshida

Telephone:

First name: Tomoya

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

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**Name of the entity:**

The Okinawa Electric Power Co., Inc.

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Nakachi

Telephone:

First name: Hiroaki

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

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

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**Name of the entity:**

Sumitomo Chemical

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Murakami

Telephone:

First name: Masakazu

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Nakai

Telephone:

First name: Toshimasa

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

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**Name of the entity:**

Sumitomo Joint Electric Power Co., Ltd.

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Ishikawa

Telephone:

First name: Kiminori

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Kamei

Telephone:

First name: Yosuke

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.

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**Name of the entity:**

Suntory Holdings Limited

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Naiki

Telephone:

First name: Kenji

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Shiina

Telephone:

First name: Takenobu

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

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**Name of the entity:**

Government of Spain- Ministry of the Environment and Rural and Marine Affairs

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

Spain

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

Mr. ☐ Ms. ☒

Last name: MONTALVO

Telephone:

First name: ALICIA

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Garcia Andres

Telephone:

First name: Gonzalo

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.