

CDM-MOC-FORM Form: ANNEX 2

Date of submission		22/11/2011
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Improving Rural Livelihoods Through Carbon Sequestration By Adopting Environment Friendly Technology based Agroforestry Practices	
2. Please state reference Number if available	4531	
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: Idemitsu Kosan Co., Ltd.		
Party (country that authorised participation): Japan		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Idemitsu	Telephone:	
First name: Shoichi	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	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

☐ Change name of 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

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:

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

☐ Change name of 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.

☒ Add project participant

☐ Change name of project participant

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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

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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.