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.

### CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

<table>
<thead>
<tr>
<th>Date of submission:</th>
<th>24/10/2018</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Title of the project/programme of activities:</th>
<th>Facilitating Reforestation for Guangxi Watershed Management in Pearl River Basin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number:</td>
<td>0547</td>
</tr>
</tbody>
</table>

### SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/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:**
Kingdom of Spain - Ministry for the Ecological Transition & Ministry of Economy and Business

**Address:**
c/Alcala 92  
28009 Madrid  
Spain

**Former name of project participant entity (if applicable):**
Kingdom of Spain - Ministry of Agriculture, Food and Environment & Ministry of Economy and Competitiveness

**Party (country authorizing participation):**
Spain

**End-date of participation:**
- ✗ N/A (participation is not limited in time)
- ☐ dd/mm/yyyy

**Contact details (primary authorized signatory):**
- Mr. ☐ Ms. ✗
- Last name: Ulargui Aparicio  
- First name: Valvanera  
- Telephone 1:  
- Telephone 2 (optional):  
- Email:  
- Fax (optional):  
- Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
- Mr. ☐ Ms. ✗
- Last name: Crespo Ruiz de Elvira  
- First name: Clara  
- Telephone 1:  
- Telephone 2 (optional):  
- Email:  
- Fax (optional):  
- Specimen signature: Date (dd/mm/yyyy):

**Signature(s) of the focal point for scope of authority (b)**

<table>
<thead>
<tr>
<th>Name of authorized signatory:</th>
<th>Signature</th>
<th>Date: dd/mm/yyyy</th>
</tr>
</thead>
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(Add lines for signatories as necessary. Only one signatory per focal point is required.)