

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

<b>Date of submission</b>		25/08/2011
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Community-Based Renewable Energy Development in the Northern Areas and Chitral (NAC), Pakistan	
<b>2. Please state reference Number if available</b>	1713	
<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> Daiwa Securities Capital Markets 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: Terao	Telephone:	
First name: Hiroki	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Nagao	Telephone:	
First name: Koichi	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:**

Fujifilm Corporation

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Ohki

Telephone:

First name: Nobutaka

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Shibata

Telephone:

First name: Yoshinori

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:**

Idemitsu Kosan Co., Ltd.

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Idemitsu

Telephone:

First name: Shoichi

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

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

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**Name of the entity:**

JX Nippon Oil & Energy Corporation.

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

Japan

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

Mr. ☒ Ms. ☐

Last name: Hiroshi

Telephone:

First name: Hagio

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Koji

Telephone:

First name: Tanaka

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:**

Statoil ASA

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

Norway

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

Mr. ☒ Ms. ☐

Last name: Egeland

Telephone:

First name: Thomas B

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Gautesen

Telephone:

First name: Kristian L

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:**

Schweizerische Rückversicherungsgesellschafts AG (Swiss RE)

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

Switzerland

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

Mr. ☒ Ms. ☐

Last name: ECKERT

Telephone:

First name: Vincent

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: SPIEGEL

Telephone:

First name: Andreas

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.