

CDM-MOC-FORM: ANNEX 2

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.

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| Date of submission: | 11/06/2014 |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | |
| Title of the project / programme of activities: | India-FaL-G Brick and Blocks Project No.3 |
| Project / programme of activities reference number: | 4831 |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES | |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: BASF SE | |
| Address: 67056 Ludwigshafen, Germany 67056 Ludwigshafen Germany | |
| Party (country authorizing participation): Germany | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Ahmadi | Telephone 1: |
| First name: Naim Zakaria | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Dimmler | Telephone 1: |
| First name: Markus | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: KfW | |
| Address: LGc Palmengartenstr.5-9, Frankfurt, 60325, Germany 60325 Frankfurt Germany | |
| Party (country authorizing participation): Germany | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |

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| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Borner | | Telephone 1: |
| First name: Matthias | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| | | |
| Contact details (alternate authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Harnisch | | Telephone 1: |
| First name: Jochen | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> 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: Endesa Generacion S.A | | |
| Address: Ribera del Loira 60, 28042, Madrid, Spain 28042 Madrid Spain | | |
| Party (country authorizing participation): Spain | | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Abad Puertolas | | Telephone 1: |
| First name: Maria Antonia | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> 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: Gas Natural SDG, S.A | | |
| Address: Avenida San Luis 77, 28033, Madrid, Spain 28033 Madrid Spain | | |
| Party (country authorizing participation): Spain | | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Goni Esparza | | Telephone 1: |
| First name: Fernando | | Telephone 2 (optional): |

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| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Ferrer Ripoll | Telephone 1: |
| First name: Carlos | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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 of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness | |
| Address: Alcala, 92, Madrid 28009, Spain 28009 Madrid Spain | |
| Party (country authorizing participation): Spain | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Magro Andrade | Telephone 1: |
| First name: Susana | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Soler Vera | Telephone 1: |
| First name: Alberto | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: Goteborg Energi AB | |
| Address: Box 53, SE - 40120 Goteborg 40120 Goteborg Sweden | |
| Party (country authorizing participation): Sweden | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |

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| Contact details (primary authorized signatory): | | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Brandstrom | | Telephone 1: |
| First name: Lotta | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: Statoil ASA | | |
| Address: Forusbeen 50, 4035 Stavanger, Norway 4035 Stavanger Norway | | |
| Party (country authorizing participation): Norway | | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Gautesen | | Telephone 1: |
| First name: Kristian L | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Egeland | | Telephone 1: |
| First name: Thomas B | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: The Okinawa Electric Power Corporation, Incorporated | | |
| Address: 5-2-1 Makiminato, Urasoe, Okinawa Japan, 901-2602 901-2602 Okinawa Japan | | |
| Party (country authorizing participation): Japan | | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Tsukayama | | Telephone 1: |
| First name: Tadashi | | Telephone 2 (optional): |

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| Email: | Fax (optional): | | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> 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: Idemitsu Kosan Co., Ltd. | | | |
| Address: 1-1, Marunouchi 3-Chome, Chiyoda-Ku, Tokyo, 100-8321 Japan 100-8321 Tokyo Japan | | | |
| Party (country authorizing participation): Japan | | | |
| End-date of participation: | | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Idemitsu | | Telephone 1: | |
| First name: Shoichi | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| Contact details (alternate authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Kuroki | | Telephone 1: | |
| First name: Hiroaki | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> 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: Walloon Region - Walloon Air and Climate Agency | | | |
| Address: Av. Prince de Liege, 7, 5100 JAMBES, BELGIQUE 5100 JAMBES Belgium | | | |
| Party (country authorizing participation): Belgium | | | |
| End-date of participation: | | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: COOLS | | Telephone 1: | |
| First name: Stephane | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |

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| Contact details (alternate authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | |
| Last name: FOURMEAUX | Telephone 1: | |
| First name: Annick | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| Signature(s) of the focal point for scope of authority (b) | | |
| Name of authorized signatory: | Signature | Date: dd/mm/yyyy |
| (Add lines for signatories as necessary. Only one signatory per focal point is required.) | | |