## **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.

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					
Add project participant entity 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: BASF SE					
Address: 67056 Ludwigshafen, Germany 67056 Ludwigshafen Germany					
Party (country authorizing participation): Germany					
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy				
Contact details (primary authorized signatory):		Mr. 🛛 Ms. 🗖			
Last name: Ahmadi		Telephone 1:			
First name: Naim Zakaria		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authoriz	zed signatory):	Mr. 🛛 Ms.			
Last name: Dimmler		Telephone 1:			
First name: Markus		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Add project participant entity 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.					
<b>Name of entity:</b> KfW					
Address: LGc Palmengartenstr.5-9, Frankfurt, 60325, Germany 60325 Frankfurt Germany					
Party (country authorizing participation): Germany					
End-date of participation:	N/A (participation i	s not limited in time) dd/mm/yyyy			

## CDM-MOC-FORM

Contact details (primary authorized signatory):		Mr. 🛛 Ms.	
Last name: Borner		Telephone 1:	
First name: Matthias		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authori	zed signatory):	Mr. 🛛 Ms.	
Last name: Harnisch		Telephone 1:	
First name: Jochen		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
project / programme of activities. acceptance of the current modalit Name of entity:	led as a project particip By providing a specime	cted, indicate former name below) ant or is newly named in respect of the above CDM on signature below, the project participant confirms its	
Endesa Generacion S.A			
Address: Ribera del Loira 60, 28042, Madrid 28042 Madrid Spain	, Spain		
Party (country authorizing participation): Spain			
End-date of participation:	N/A (participation i	s not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🔲 Ms. 🛛	
Last name: Abad Puertolas		Telephone 1:	
First name: Maria Antonia		Telephone 2 (optional):	
Email:		Fax (optional):	
Email:		Fax (optional):	
Email: Specimen signature:		Fax (optional): Date (dd/mm/yyyy):	
Specimen signature: Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	Date (dd/mm/yyyy):	
Specimen signature: Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities.	led as a project particip By providing a specime	Date (dd/mm/yyyy): cted, indicate former name below) ant or is newly named in respect of the above CDM	
Specimen signature: Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit Name of entity: Gas Natural SDG, S.A Address: Avenida San Luis 77, 28033, Madri 28033 Madrid Spain	led as a project particip By providing a specime ies of communication. d, Spain	Date (dd/mm/yyyy): cted, indicate former name below) ant or is newly named in respect of the above CDM	
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Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authori	ized signatory):	Mr. 🛛 Ms.	
Last name: Ferrer Ripoll		Telephone 1:	
First name: Carlos		Telephone 2 (optional):	
Email: Specimen signature:		Fax (optional):	
		Date (dd/mm/yyyy):	
The following entity is hereby add project / programme of activities. acceptance of the current modality	ded as a project part . By providing a spec	relected, indicate former name below) icipant or is newly named in respect of the above CDM imen signature below, the project participant confirms its n.	
Name of entity: Kingdom of Spain - Ministry of the	Agriculture, Food an	d Environment & Ministry of Economy and Competitiveness	
Address: Alcala, 92, Madrid 28009, Spain 28009 Madrid Spain Party (country authorizing partic Spain	cipation):		
End-date of participation:	$\boxtimes$ N/A (participation is not limited in time) $\square$ dd/mm/yyyy		
Contact details (primary authoriz		Mr. Ms.	
Last name: Magro Andrade	eva signator y J.	Telephone 1:	
First name: Susana		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Speemen signature.		Date (da min yyyy).	
Contact details (alternate authori	ized signatory):	Mr. 🛛 Ms.	
Last name: Soler Vera		Telephone 1:	
First name: Alberto		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
The following entity is hereby add project / programme of activities. acceptance of the current modality Name of entity:	ded as a project part . By providing a spec	relected, indicate former name below) icipant or is newly named in respect of the above CDM imen signature below, the project participant confirms its n.	
Goteborg Energi AB			
Goteborg Energi AB Address: Box 53, SE - 40120 Goteborg 40120 Goteborg Sweden			
Address: Box 53, SE - 40120 Goteborg 40120 Goteborg	cipation):		

## CDM-MOC-FORM

Contact details (primary authoriz	ed signatory):	Mr. 🔲 Ms. 🔀	
Last name: Brandstrom		Telephone 1:	
First name: Lotta		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
The following entity is hereby add	led as a project part By providing a spec	selected, indicate former name below) icipant or is newly named in respect of the above CDM timen signature below, the project participant confirms its n.	
Name of entity: Statoil ASA			
Address: Forusbeen 50, 4035 Stavanger, Nor 4035 Stavanger Norway			
<b>Party (country authorizing partic</b> Norway	ipation):		
End-date of participation:	N/A (participati	on is not limited in time) $\Box$ dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.	
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. 🛛 Ms.	
Last name: Egeland		Telephone 1:	
First name: Thomas B		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Speemen signature.		Date (dd/mm/yyyy):	
Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project part By providing a spec	selected, indicate former name below) icipant or is newly named in respect of the above CDM cimen signature below, the project participant confirms its	
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Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit Name of entity: The Okinawa Electric Power Corpo Address: 5-2-1 Makiminato, Urasoe, Okinaw 901-2602 Okinawa	led as a project part By providing a spec ies of communicatio ration, Incorporated	selected, indicate former name below) icipant or is newly named in respect of the above CDM simen signature below, the project participant confirms its	
⊠Add project participant entity □ Change legal name of project p The following entity is hereby add	led as a project part By providing a spec ies of communicatio ration, Incorporated a Japan, 901-2602	selected, indicate former name below) icipant or is newly named in respect of the above CDM cimen signature below, the project participant confirms its	
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Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
	led as a project particip By providing a specime	cted, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
Name of entity: Idemitsu Kosan Co., Ltd.			
Address: 1-1, Marunouchi 3-Chome, Chiyoda 100-8321 Tokyo Japan	a-Ku, Tokyo, 100-8321 J	apan	
<b>Party (country authorizing partic</b> Japan	ipation):		
End-date of participation:	N/A (participation i	is not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.	
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. 🛛 Ms.	
Last name: Kuroki		Telephone 1:	
First name: Hiroaki		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
	led as a project particip By providing a specime ies of communication.	cted, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
Address: Av. Prince de Liege, 7, 5100 JAMB 5100 JAMBES Belgium	ES, BELGIQUE		
<b>Party (country authorizing partic</b> Belgium	ipation):		
End-date of participation:	N/A (participation i	is not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.	
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. 🗖 Ms. 🔀	
Last name: FOURMEAUX	Telephone 1:	
First name: Annick	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (</b> Name of authorized signatory:	b) Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signator	bry per focal point is required.)	