CDM-MOC-FORM Form: ANNEX 2

Date of submission		14/05/2012
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	India-FaL-G Brick and Blocks Project No.2.	
2. Please state reference Number if available	4585	
SECTION 2: ADDITION/CHANGE OF NAME OF PROJECT PARTICIPANT		
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 <u>Statement</u> of Agreement of the current modalities of communication.		
Name of the entity: Walloon Region: Walloon Air and Climate Agency		
Party (country that authorised participation): Belgium		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: NICOLAS	Telephone:	
First name: Stephane	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. Ms. M	
Last name: FOURMEAUX	Telephone:	
First name: Annick	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 <u>Statement</u> of Agreement of the current modalities of communication.		
Name of the entity: Bruxelles Environnement - IBGE		
Party (country that authorised participation): Belgium		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: Huytebroeck	Telephone:	
First name: Evelyne	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. × Ms.	
Last name: Hannequart	Telephone:	
First name: Jean-Pierre	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.		

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Name of the entity: Ruukki Metals Oy		
Party (country that authorised participation): Finland		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: Hemminki	Telephone:	
First name: Toni	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.		

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Name of the entity: EDP - Energias de Portugal, S.A		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: LOBO FERREIRA	Telephone:	
First name: HENRIQUE	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.		

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Name of the entity: ENDESA GENERACION, S.A.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr. × Ms.	
Last name: Corregidor	Telephone:	
First name: David	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.		

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Name of the entity: GAS NATURAL SDG, S.A.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: Sanz Garcia	Telephone:	
First name: Rosa Ma	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. I Ms.	
Last name: Mateos Bermejo	Telephone:	
First name: Elena	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.		

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Hidroelectrica del Cantabrico, S.A		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: Garcia Marinas	Telephone:	
First name: Juan Carlos	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.		