

CDM-MOC-FORM Form: ANNEX 2

Date of submission		19/03/2012
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: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> 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 of Agreement</u> of the current modalities of communication.		
Name of the entity: BASF SE		
Party (country that authorised participation): Germany		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Evers	Telephone:	
First name: Horatio	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Merger	Telephone:	
First name: Roland	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: KfW	
Party (country that authorised participation): Germany	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Mulder	Telephone:
First name: Karin	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Annetter	Telephone:
First name: Detken	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.	