

Form: ANNEX 2

Date of submission	08/02/2012
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Section 1: Project Details

1. Title of the CDM project activity	Golden Hope Composting Project - Pekaka.
2. Please state reference number if available	2727

Section 2: Addition/change of name of a 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 Statement of Agreement of the current modalities of communication.

Name of the entity:
Ministry of Climate and Energy, Danish Energy Agency

Party (country that authorised participation):
Denmark

Former name of project participant:
Danish Ministry of Foreign Affairs

Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Emmik Sorensen	Telephone:
First name: Ole	Fax:
Email:	Address:

Specimen signature:

Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Norling	Telephone:
First name: Anette	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: Sime Darby Plantations Sdn Bhd	
Party (country that authorised participation): Malaysia	
Former name of project participant: Golden Hope Plantations Sdn Bhd	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Syed Hussain	Telephone:
First name: Syed Mahdhar	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Meor Ngah	Telephone:
First name: Johari	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.	