

Form: ANNEX 2

Date of submission		08/02/2012
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: <u>Addition/change of name of a project participant</u>		
<input type="checkbox"/> Add project participant <input checked="" 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: 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.		
<input type="checkbox"/> Add project participant <input checked="" 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: 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.	