<table>
<thead>
<tr>
<th>Date of submission</th>
<th>23/05/2012</th>
</tr>
</thead>
</table>

**SECTION 1: PROJECT DETAILS**

1. **Title of the CDM project activity**  
   Improving Kiln Efficiency in the Brick Making Industry in Bangladesh

2. **Please state reference Number if available**  
   5125

**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 Statement of Agreement of the current modalities of communication.

**Name of the entity:**  
CommunalKredit Public Consulting GmbH

**Party (country that authorised participation):**  
Austria

**Contact details (primary authorized signatory):**  
Mr. Ms.  
Last name: Amerstorfer  
Telephone:  
First name: Alexandra  
Fax:  
Email:  
Address:  
Specimen signature:

**Contact details (alternate authorized signatory):**  
Mr. Ms.  
Last name: Diernhofer  
Telephone:  
First name: Wolfgang  
Fax:  
Email:  
Address:  
Specimen signature:

**Signature(s) of designated focal point for scope (b):**

Name: .................................................................  
Signature: .................................................................

Date: ..............................

Only one primary or alternate signatory per focal point entity is required.
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.

<table>
<thead>
<tr>
<th>Name of the entity:</th>
<th>Statoil ASA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Party (country that authorised participation):</td>
<td>Norway</td>
</tr>
<tr>
<td>Contact details (primary authorized signatory):</td>
<td>Mr. Ms.</td>
</tr>
<tr>
<td>Last name: Egeland</td>
<td>Telephone:</td>
</tr>
<tr>
<td>First name: Thomas B</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td>Address:</td>
</tr>
<tr>
<td>Specimen signature:</td>
<td></td>
</tr>
</tbody>
</table>

| Contact details (alternate authorized signatory): | Mr. Ms. |
| Last name: Gautesen | Telephone: |
| First name: Kristian L | 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.