CDM-MOC-FORM Form: ANNEX 2

Date of submission		18/08/2011
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Rwanda Electrogaz Compact Fluorescent Lamp (CFL) distribution project	
2. Please state reference Number if available	3404	
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: 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):	Da	ate:
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: ENDESA Generacion, SA.		
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.		

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Name of the entity: Statkraft Carbon Invest AS		
Party (country that authorised participation): Norway		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: Bolle	Telephone:	
First name: Anne	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	^{Mr.} □ ^{Ms.} ⊠	
Last name: Viddal	Telephone:	
First name: Mari Grooss	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: Statoil ASA		
Party (country that authorised participation): Norway		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: Egeland	Telephone:	
First name: Thomas B	Fax:	
Email:	Address:	
Specimen signature:		
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.		

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Name of the entity: Scbweizerische Ruckversicberungsgesellscbafts AG (Swiss RE)		
Party (country that authorised participation): Switzerland		
Contact details (primary authorized signatory):	Mr. Ms.	
Last name: ECKERT	Telephone:	
First name: Vincent	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. Ms.	
Last name: SPIEGEL	Telephone:	
First name: Andreas	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.		