## CDM-MOC-FORM Form: ANNEX 2

| Date of submission                                                                                                                                                                                                                                                                                                                                   |                                        | 17/04/2012 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------|
| SECTION 1: PROJECT DETAILS                                                                                                                                                                                                                                                                                                                           |                                        |            |
| 1. Title of the CDM project activity                                                                                                                                                                                                                                                                                                                 | El Guacal Landfill Gas Flaring Project |            |
| 2. Please state reference Number if available                                                                                                                                                                                                                                                                                                        | 3995                                   |            |
| SECTION 2: <u>ADDITION/CHANGE OF NAME</u> 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: Green Gas Carbon B.V.                                                                                                                                                                                                                                                                                                            |                                        |            |
| Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland                                                                                                                                                                                                                                                  |                                        |            |
| Contact details (primary authorized signatory):                                                                                                                                                                                                                                                                                                      | Mr.⊠ Ms.□                              |            |
| Last name: Knoll                                                                                                                                                                                                                                                                                                                                     | Telephone:                             |            |
| First name: Joost                                                                                                                                                                                                                                                                                                                                    | 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):                                                                                                                                                                                                                                                                                                | Dat                                    | te:        |
| Name:                                                                                                                                                                                                                                                                                                                                                | Signature:                             |            |
| Only one primary or alternate signatory per focal point entity is required                                                                                                                                                                                                                                                                           |                                        |            |