

**CDM-MOC-FORM Form: ANNEX 2**

<b>Date of submission</b>		30/11/2010
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Surat Thani Biomass Power Generation Project in Thailand	
<b>2. Please state reference Number if available</b>	1519	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> <b>Add project participant</b> <input type="checkbox"/> <b>Change name of project participant</b> <b>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.</b>		
<b>Name of the entity:</b> Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.		
<b>Party (country that authorised participation):</b> Japan		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Watanabe	Telephone:	
First name: Hajime	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Toyofuku	Telephone:	
First name: Masayuki	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:

NES Japan Co., Ltd.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr.  Ms.

Last name: Ito

Telephone:

First name: Hideyuki

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr.  Ms.

Last name: Iokamori

Telephone:

First name: Nobuomi

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.