

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

<b>Date of submission</b>		16/05/2012
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>		
<b>2. Please state reference Number if available</b>		2956
<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> BASF SE		
<b>Party (country that authorised participation):</b> Germany		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Evers	Telephone:	
First name: Horatio	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Merger	Telephone:	
First name: Roland	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:

KfW

Party (country that authorised participation):

Germany

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Mulder

Telephone:

First name: Karin

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Annette

Telephone:

First name: Detken

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:**

Austria -Kommunalkredit 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: Eichberger

Telephone:

First name: Sascha

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:**

Walloon Region - Walloon Air and Climate Agency

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

Belgium

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: NICOLAS

Telephone:

First name: Stephane

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: FOURMEAUX

Telephone:

First name: Annick

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:**

Bruxelles Environnement - IBGE

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

Belgium

**Contact details (primary authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Huytebroeck

Telephone:

First name: Evelyne

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Hannequart

Telephone:

First name: Jean-Pierre

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:**

Government of Canada - Ministry of Foreign Affairs and International Trade

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

Canada

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Pringle

Telephone:

First name: Gary

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.