

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

|   |  |                  |
|---|--|------------------|
| <b>Date of submission</b>   |  | 29/11/2010       |
| <b>SECTION 1: PROJECT DETAILS</b>   |  |                  |
| <b>1. Title of the CDM project activity</b>   | Humbo Ethiopia Assisted Natural Regeneration Project                 |                  |
| <b>2. Please state reference Number if available</b>  | 2712   |                  |
| <b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>   |  |                  |
| <input checked="" type="checkbox"/> Add project participant<br><input type="checkbox"/> Change name of project participant<br><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><br>Kingdom of Spain-Ministry of the Environment and Rural and Marine Affairs & Ministry of Economy and Finance   |  |                  |
| <b>Party (country that authorised participation):</b><br>Spain  |  |                  |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |                  |
| Last name: Montalvo Santamaria  | Telephone:   |                  |
| First name: Alicia  | Fax:   |                  |
| Email:  | Address:   |                  |
| Specimen signature:   |  |                  |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |                  |
| Last name: Fernandez Garcia   | Telephone:   |                  |
| First name: Maria Jesus   | 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.   |  |                  |