CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:			11/09/2012	
SECTION 1: CD	M PROJECT/PROG	RAMME OF ACTIVITIES	DETAILS	
Title of the project / programme of activities:		Uganda Nile Basin Reforestation Project No 4		
Project / programme of activities reference number:		4941		
SECTION 2: ADDITIO		SAL NAME OF A PROJEC ΓΥ/IES	T PARTICIPANT	
	led as a project particip By providing a specime	ant or is newly named in respe	ect of the above CDM	
Name of entity: The Okinawa Electric Power Co., In	nc.			
Address: 5-2-1 ,Makiminato,Urasoe,Okinawa 901-2602 Okinawa Japan	a,901-2602			
Party (country authorizing participation): Japan				
End-date of participation:	☑ N/A (participation is	is not limited in time) dd/mr	n/yyyy	
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□		
Last name: Tamaki		Telephone 1:		
First name: Masahiro		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
☐ Add project participant entity ☐ Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	ant or is newly named in respe	ect of the above CDM	
Name of entity: The Tokyo Electric Power Company, Incorporated				
Address: 1-3 Uchisaiwai-cho 1-Chome, Chiy 100-8560 Tokyo Japan	oda-ku, Tokyo, 100-8560), Japan		
Party (country authorizing partic Japan	ipation):			
End-date of participation:	N/A (participation i	is not limited in time) dd/mr	n/yyyy	
Contact details (primary authoriz	zed signatory):	Mr. ⋈ Ms. □		
Last name: Kageyama		Telephone 1:		
First name: Yoshihiro		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				

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Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □	
Last name: Kimura	Telephone 1:	
First name: Atsushi	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of authority (b)		
Name of authorized signatory:	Signature	Date: dd/mm/yyyy