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: CDM PROJECT/PROGRAMME 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: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES

☒ **Add project participant entity**
☐ **Change legal name of project participant entity** *(if selected, indicate former name below)*
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:
The Okinawa Electric Power Co., Inc.

Address:
5-2-1 ,Makiminato,Urasoe,Okinawa,901-2602
901-2602 Okinawa
Japan

Party (country authorizing participation):
Japan

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/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 participant entity** *(if selected, indicate former name below)*
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:
The Tokyo Electric Power Company, Incorporated

Address:
1-3 Uchisaiwai-cho 1-Chome, Chiyoda-ku, Tokyo, 100-8560, Japan
100-8560 Tokyo
Japan

Party (country authorizing participation):
Japan

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Kageyama	Telephone 1:
First name: Yoshihiro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

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
(Add lines for signatories as necessary. Only one signatory per focal point is required.)		