Form: ANNEX 2

Date of submission	26/01/2011
Section 1: Project Details	
1. Title of the CDM project activity	Project for HFC23 Decomposition at Changshu 3F Zhonghao New Chemical Materials Co. Ltd, Changshu, Jiangsu Province, China
2. Please state reference number if available	0306

Section 2: Addition/change of name of a project participant

☐ **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: Statoil ASA	
Party (country that authorised participation): Norway	
Former name of project participant: Statoil Hydro ASA	
Contact details (primary authorized signatory):	Mr.☒ Ms.☐
Last name: Myhrer	Telephone:
First name: Wider	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.☒ Ms.☐
Last name: Egeland	Telephone:
First name: Thomas	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: Netherland's Ministry of Infrastructure and the Environment (IenM)	
Party (country that authorised participation): Netherlands	
Former name of project participant: Netherland's Ministry of Housing, Spatial Planning and the Environment	
Contact details (primary authorized signatory):	Mr.☐ Ms.☒
Last name: Gerards	Telephone:
First name: Marisa	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.☒ Ms.☐
Last name: Goote	Telephone:
First name: Maas	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.	