

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

<b>Date of submission</b>		22/05/2012
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Improving Kiln Efficiency in the Brick Making Industry in Bangladesh	
<b>2. Please state reference Number if available</b>	5125	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant <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> Walloon Region: Walloon Air and Climate Agency		
<b>Party (country that authorised participation):</b> Belgium		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: NICOLAS	Telephone:	
First name: Stephane	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
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

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**Name of the entity:**

Ruukki Metals Oy

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

Finland

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

Mr. ☒ Ms. ☐

Last name: Hemminki

Telephone:

First name: Toni

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: .....

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**Name of the entity:**

EDP - Energias de Portugal, S.A

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

Spain

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

Mr. ☒ Ms. ☐

Last name: LOBO FERREIRA

Telephone:

First name: HENRIQUE

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: .....

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**Name of the entity:**

ENDESA GENERACION, S.A.

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Corregidor

Telephone:

First name: David

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: .....

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**Name of the entity:**

GAS NATURAL SDG, S.A.

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

Spain

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

Mr. ☐ Ms. ☒

Last name: Sanz Garcia

Telephone:

First name: Rosa Ma

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Mateos Bermejo

Telephone:

First name: Elena

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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**Name of the entity:**

Hidroelectrica del Cantabrico, S.A

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Garcia Marinas

Telephone:

First name: Juan Carlos

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: .....

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**Name of the entity:**

Kingdom of Spain- Ministry of the Environment and Rural and Marine Affairs & Ministry of Economy and Finance

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

Spain

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

Mr. ☐ Ms. ☒

Last name: MONTALVO

Telephone:

First name: ALICIA

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Garcia Andres

Telephone:

First name: Gonzalo

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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**Name of the entity:**

The Netherlands' Ministry of Infrastructure and the Environment

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

Netherlands

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

Mr. ☒ Ms. ☐

Last name: Goote

Telephone:

First name: Maas

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

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**Name of the entity:**

Government of Italy - Ministry for the Environment, Land and Sea

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

Italy

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

Mr. ☒ Ms. ☐

Last name: Rizzo

Telephone:

First name: Valeria

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):

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Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.