

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

<b>Date of submission</b>		22/06/2011
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Jiangxi Shihutang Hydropower Project	
<b>2. Please state reference Number if available</b>	4091	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> <b>Add project participant</b> <input type="checkbox"/> <b>Change name of project participant</b> <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> Zeroemissions Carbon Trust, S.A.		
<b>Party (country that authorised participation):</b> Spain		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Rodriguez-Izquierdo	Telephone:	
First name: Emilio	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Malo	Telephone:	
First name: Nuria	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:**

Azuliber 1, S.L.

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Ruiz

Telephone:

First name: Virgilio

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Bosch

Telephone:

First name: Jose

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:**

Cementos Portland Valderrivas, S.A.

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

Spain

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

Mr. ☒ Ms. ☐

Last name: San Félix

Telephone:

First name: 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: .....

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

☒ Add project participant

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**Name of the entity:**

Compania Espanola de Petroleo, S.A. (CEPSA)

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Miro

Telephone:

First name: Pedro

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:**

Iberdrola Generacion, S.A.U.

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Alonso de las Fuentes

Telephone:

First name: Felix

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Relano Cobian

Telephone:

First name: Gregorio

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:**

Comercial de Materiales de Construccion S.L. (COMAC)

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Zaragoza

Telephone:

First name: Aniceto

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Ibanez

Telephone:

First name: Ramon

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:**

Repsol YPF, S.A.

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Alvarez-Pedrosa

Telephone:

First name: Ramon

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: .....

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