Form: ANNEX 2

Date of submission	23/01/2012
Section 1: Project Details	
1. Title of the CDM project activity	Vinasse Anaerobic Treatment Project - Compañía Licorera de Nicaragua, S. A. (CLNSA)
2. Please state reference number if available	0675

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: Netherlands' Ministry of Infrastructure and the Environment (IenM)	
Party (country that authorised participation): Netherlands	
Former name of project participant: The State of the Netherlands, acting through the Netherlands Ministry of Housing, Spatial Planning and the Environment (VROM)	
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:	

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

Name: ..... Signature: .....

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

Section 4: Change of contact details (project participants or focal point entities)

The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details: ☒ Project Participant ☒ Focal Point	
Name of the entity: Corporación Andina de Fomento (CAF)	
Party (country that authorised participation): Netherlands	
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Gomez	Telephone:
First name: Mary	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Rojas	Telephone:
First name: Camilo	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.	