**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.

<table>
<thead>
<tr>
<th>Date of submission:</th>
<th>03/12/2013</th>
</tr>
</thead>
</table>

### SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

<table>
<thead>
<tr>
<th>Title of the project / programme of activities:</th>
<th>Inner Mongolia North Long Yuan 100 MW Huitengxile Wind Farm</th>
</tr>
</thead>
</table>

| Project / programme of activities reference number: | 5029 |

### 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:
Swedish Energy Agency

#### Address:
Kungsgatan 43, 631 04 Eskilstuna
63104 Eskilstuna
Sweden

#### Party (country authorizing participation):
Sweden

#### End-date of participation:
- N/A (participation is not limited in time)
- dd/mm/yyyy

#### Contact details (primary authorized signatory):
- Mr. ☒ Ms. ☐
- Last name: Hansen
- Telephone 1:
- First name: Ola
- Telephone 2 (optional):
- Email:
- Fax (optional):
- Specimen signature: Date (dd/mm/yyyy):

#### Contact details (alternate authorized signatory):
- Mr. ☐ Ms. ☒
- Last name: Raab
- Telephone 1:
- First name: Ulrika
- 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:
Ministry of Foreign Affairs

#### Address:
PO Box 8114 Dep., 0032 Oslo, Norway
0032 Oslo
Norway

#### Party (country authorizing participation):
Norway
## Contact details (primary authorized signatory):
- **Last name:** Bjornebye
- **First name:** Erik
- **Telephone 1:**
- **Telephone 2 (optional):**
- **Email:**
- **Fax (optional):**
- **Specimen signature:** Date (dd/mm/yyyy):

## Contact details (alternate authorized signatory):
- **Last name:** Malvik
- **First name:** Henrik
- **Telephone 1:**
- **Telephone 2 (optional):**
- **Email:**
- **Fax (optional):**
- **Specimen signature:** Date (dd/mm/yyyy):

### Add project participant entity

**Name of entity:** Norsk hydro ASA

### Address:
Drammensveien 260, 0240 Oslo, Norway
0240 Oslo
Norway

### Party (country authorizing participation):
Norway

## Contact details (primary authorized signatory):
- **Last name:** Rathe
- **First name:** Liv
- **Telephone 1:**
- **Telephone 2 (optional):**
- **Email:**
- **Fax (optional):**
- **Specimen signature:** Date (dd/mm/yyyy):

## Contact details (alternate authorized signatory):
- **Last name:** Vesseltun
- **First name:** Thomas
- **Telephone 1:**
- **Telephone 2 (optional):**
- **Email:**
- **Fax (optional):**
- **Specimen signature:** Date (dd/mm/yyyy):

### Add project participant entity

**Name of entity:** Statoil ASA

---

### End-date of participation:
- ☑ N/A (participation is not limited in time)
- ☐ dd/mm/yyyy

### 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.
| **Address:**  
| Forusbeen 50, Forus, Norway  
| 0000 Forus  
| Norway |
| **Party (country authorizing participation):**  
| Norway |
| **End-date of participation:**  
| ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy |
| **Contact details (primary authorized signatory):**  
| Ms.  
| Last name: Gautesen  
| Telephone 1:  
| First name: Kristian L  
| Telephone 2 (optional):  
| Email:  
| Fax (optional):  
| Specimen signature:  
| Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):**  
| Ms.  
| Last name: Egeland  
| Telephone 1:  
| First name: Thomas B  
| 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:**  
| Ministry for Foreign Affairs of Finland |
| **Address:**  
| Katajanokanlaituri 3, Helsinki, P.O. Box 512, Fl-00023 GOVERNMENT, Finland  
| 00023 Helsinki  
| Finland |
| **Party (country authorizing participation):**  
| Finland |
| **End-date of participation:**  
| ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy |
| **Contact details (primary authorized signatory):**  
| Ms.  
| Last name: Berglund  
| Telephone 1:  
| First name: Marko  
| Telephone 2 (optional):  
| Email:  
| Fax (optional):  
| Specimen signature:  
| Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):**  
| Ms.  
| Last name: Ruoho  
| Telephone 1:  
| First name: Elina  
| Telephone 2 (optional):  
| Email:  
| Fax (optional):  
| Specimen signature:  
| Date (dd/mm/yyyy): |
**Add project participant entity**

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.

<table>
<thead>
<tr>
<th>Name of entity:</th>
<th>Fortum Oyj</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>POB 100, FI-00048, FORTUM, Finland 00048 Fortum Finland</td>
</tr>
<tr>
<td>Party (country authorizing participation):</td>
<td>Finland</td>
</tr>
<tr>
<td>End-date of participation:</td>
<td>☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy</td>
</tr>
</tbody>
</table>

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

| Last name: Rehell | Telephone 1: |
| First name: Ulla | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |

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

| Last name: Rauramo | Telephone 1: |
| First name: Markus | 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.)