

CDM-MOC-FORM Form: ANNEX 2

Date of submission		28/02/2011
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Univanich Lamthap POME Biogas Project	
2. Please state reference Number if available	2076	
SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> 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 <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Government of the Principality of Liechtenstein		
Party (country that authorised participation): Liechtenstein		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kindle	Telephone:	
First name: Helmut	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
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

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:

Foundation Myclimate

Party (country that authorised participation):

Liechtenstein

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Estermann

Telephone:

First name: Rene

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Heidenreich

Telephone:

First name: Franziska

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.