

CDM-MOC-FORM Form: ANNEX 2

Date of submission		02/06/2010
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Moldova Soil Conservation Project	
2. Please state reference Number if available	1948	
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 Canada - Ministry of Foreign Affairs and International Trade		
Party (country that authorised participation): Canada		
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: McCormick	Telephone:	
First name: Rachel	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:

Fortum Corporation

Party (country that authorised participation):

Finland

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Brunila

Telephone:

First name: Anne

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Sipila

Telephone:

First name: Teemu

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:

Chubu Electric Power Company, Incorporated

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Sakurai

Telephone:

First name: Tokuya

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.

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Name of the entity:

Japan International Cooperation Agency (JICA)

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Shigiya

Telephone:

First name: Satoshi

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Muraoka

Telephone:

First name: Hiromichi

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:

Kyushu Electric Power Company, Incorporated

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Nishimura

Telephone:

First name: Masayuki

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Senda

Telephone:

First name: Yoshiharu

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:

Mitsubishi Corporation

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Nakamura

Telephone:

First name: Tsuyoshi

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Otani

Telephone:

First name: Satoko

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:

MIT Carbon Fund Co., Ltd. (MIT)

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Hokari

Telephone:

First name: Takeshi

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Ito

Telephone:

First name: Miho

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:

Shikoku Electric Power Company, Incorporated

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Sawada

Telephone:

First name: Yoshitaka

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Yamagata

Telephone:

First name: Hiromichi

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:

Tohoku Electric Power Co., Inc.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Okanobu

Telephone:

First name: Shinichi

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Ogasawara

Telephone:

First name: Shuichi

Fax:

Email:

Address:

Specimen signature:

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

Date:

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Signature:

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Name of the entity:

Electrabel S. A.

Party (country that authorised participation):

Netherlands

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Van Twembeke

Telephone:

First name: Willem

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Sirat

Telephone:

First name: Michel

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:

Government of Norway – Ministry of Foreign Affairs

Party (country that authorised participation):

Norway

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Bjernebye

Telephone:

First name: Erik

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Hansen

Telephone:

First name: Bjorn Brede

Fax:

Email:

Address:

Specimen signature:

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

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Name of the entity:

Norsk Hydro ASA

Party (country that authorised participation):

Norway

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Rathe

Telephone:

First name: Liv

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Plikk

Telephone:

First name: Martin

Fax:

Email:

Address:

Specimen signature:

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

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Name of the entity:

BP Alternative Energy International Ltd.

Party (country that authorised participation):

United Kingdom of Great Britain and Northern Ireland

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Walker

Telephone:

First name: Lisa

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Wood

Telephone:

First name: Robert

Fax:

Email:

Address:

Specimen signature:

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Name of the entity:

Deutsche Bank AG

Party (country that authorised participation):

United Kingdom of Great Britain and Northern Ireland

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Costa-D'sa

Telephone:

First name: David

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Lawless

Telephone:

First name: Martin

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.