

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

<b>Date of submission</b>		02/06/2010
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Moldova Soil Conservation Project	
<b>2. Please state reference Number if available</b>	1948	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant <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> Government of Canada - Ministry of Foreign Affairs and International Trade		
<b>Party (country that authorised participation):</b> Canada		
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: McCormick	Telephone:	
First name: Rachel	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	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

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:**

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.

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:**

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: .....

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:**

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: .....

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

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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: .....

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:

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: .....

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

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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:**

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: .....

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



Add project participant

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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:**

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: .....

Name: .....

Signature: .....

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

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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: .....

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

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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):

Date: .....

Name: .....

Signature: .....

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

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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):

Date: .....

Name: .....

Signature: .....

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

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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:

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:**

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.