

Form: ANNEX 2

Date of submission		08/11/2011
Section 1: Project Details		
1. Title of the CDM project activity	PROJECT FOR THE REFURBISHMENT AND UPGRADING OF DOLEGA HYDROPOWER PLANT (PANAMA).	
2. Please state reference number if available	0135	
Section 2: <u>Addition/change of name</u> of a project participant		
<input type="checkbox"/> Add project participant <input checked="" 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: Energía y Servicios de Panamá S.A.		
Party (country that authorised participation): Panama		
Former name of project participant: Empresa de Distribución Eléctrica Chiriquí S.A.		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Barranco Pérez	Telephone:	
First name: Ricardo Augusto	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):		
		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Barrera Morales	Telephone:	
First name: Alfredo Porfirio	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: Gas Natural SDG S.A.	
Party (country that authorised participation): Spain	
Former name of project participant: Union Fenosa S.A.	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Sanz Garcia	Telephone:
First name: Rosa M ^a	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Mateos Bermejo	Telephone:
First name: Elena	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:

Energía y Servicios de Panamá S.A.

Party (country that authorised participation):

Panama

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Barranco Pérez

Telephone:

First name: Ricardo Augusto

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Barrera Morales

Telephone:

First name: Alfredo Porfirio

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.

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:

Gas Natural SDG S.A.

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Sanz Garcia

Telephone:

First name: Rosa M^a

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Mateos Bermejo

Telephone:

First name: Elena

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.