

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

<b>Date of submission</b>		28/05/2010
<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> Eco-Carbone		
<b>Party (country that authorised participation):</b> France		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kreiss	Telephone:	
First name: Olivier	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Bouzanquet	Telephone:	
First name: Thomas	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:**

Government of Italy – Ministry for the Environment, Land and Sea

**Party (country that authorised participation):**

Italy

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

Mr. ☒ Ms. ☐

Last name: Clini

Telephone:

First name: Corrado

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

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**Name of the entity:**

Idemitsu Kosan Co. Ltd.

**Party (country that authorised participation):**

Japan

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

Mr. ☒ Ms. ☐

Last name: Kobayashi

Telephone:

First name: Kan

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Koseki

Telephone:

First name: Naoko

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:**

Japan Petroleum Exploration Co., Ltd. (JAPEX)

**Party (country that authorised participation):**

Japan

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

Mr. ☒ Ms. ☐

Last name: Sekine

Telephone:

First name: Kazuo

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Hasegawa

Telephone:

First name: Hideo

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:**

The Japan Iron and Steel Federation (JISF)

**Party (country that authorised participation):**

Japan

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

Mr. ☒ Ms. ☐

Last name: Uzawa

Telephone:

First name: Masaharu

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: .....

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**Name of the entity:**

Sumitomo Chemical

**Party (country that authorised participation):**

Japan

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

Mr. ☒ Ms. ☐

Last name: Toshimasa

Telephone:

First name: Nakai

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Kajiwara

Telephone:

First name: Hiroyuki

Fax:

Email:

Address:

Specimen signature:

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

Date: .....

Name: .....

Signature: .....

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☒ Add project participant

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**Name of the entity:**

Sumitomo Joint Electric Power Co., Ltd

**Party (country that authorised participation):**

Japan

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

Mr. ☒ Ms. ☐

Last name: Togawa

Telephone:

First name: Hiroaki

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Iwasaki

Telephone:

First name: Naohisa

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:**

The Okinawa Electric Power Co., Inc.

**Party (country that authorised participation):**

Japan

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

Mr. ☒ Ms. ☐

Last name: Nakachi

Telephone:

First name: Hiroaki

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: .....

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**Name of the entity:**

The Tokyo Electric Power Co., Inc.

**Party (country that authorised participation):**

Japan

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

Mr. ☒ Ms. ☐

Last name: Kageyama

Telephone:

First name: Yoshihiro

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Kimura

Telephone:

First name: Atsushi

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 Luxembourg - Ministry of Sustainable Development and Infrastructure - Department of Environment

**Party (country that authorised participation):**

Luxembourg

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

Mr. ☒ Ms. ☐

Last name: Wirtz

Telephone:

First name: Raoul

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Haine

Telephone:

First name: Henri

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:**

Kingdom of Spain-Ministry of the Environmental and Rural and Marine Affairs & Ministry of Economy and Finance

**Party (country that authorised participation):**

Spain

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

Mr. ☐ Ms. ☒

Last name: Montalvo

Telephone:

First name: Alicia

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Fernandez Garcia

Telephone:

First name: Maria Jesus

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.