

# CDM-MOC-FORM Form: ANNEX 2

|   |  |                  |
|---|--|------------------|
| <b>Date of submission</b>   |  | 16/11/2009       |
| <b>SECTION 1: PROJECT DETAILS</b>   |  |                  |
| <b>1. Title of the CDM project activity</b>   | Korea Water Resources Corporation (KOWACO)<br>small-scale hydroelectric power plants project |                  |
| <b>2. Please state reference Number if available</b>  | 0584   |                  |
| <b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>   |  |                  |
| <input checked="" type="checkbox"/> Add project participant<br><input type="checkbox"/> Change name of project participant<br><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><br>Korea Water Resources Corporation(K-water)  |  |                  |
| <b>Party (country that authorised participation):</b><br>Switzerland  |  |                  |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                         |                  |
| Last name: Kim  | Telephone:   |                  |
| First name: Deog-je   | 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.   |  |                  |