

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

<b>Date of submission</b>		16/08/2011
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Jincheng Sihe Coal Mine CMM Generation Project	
<b>2. Please state reference Number if available</b>	1896	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> <b>Add project participant</b> <input type="checkbox"/> <b>Change name of project participant</b> <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 Norway - Ministry of Foreign Affairs		
<b>Party (country that authorised participation):</b> Norway		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Bjornebye	Telephone:	
First name: Erik	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
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.		

☒ 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:**

Statoil ASA

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

Norway

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

Mr. ☒ Ms. ☐

Last name: Myhrer

Telephone:

First name: Widar

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Egeland

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

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**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.

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**Name of the entity:**

Government of Finland - Ministry of Foreign Affairs

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

Finland

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

Mr. ☐ Ms. ☒

Last name: Ruoho

Telephone:

First name: Elina

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Jortikka-Laitinen

Telephone:

First name: Tiina

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:

GDF SUEZ

Party (country that authorised participation):

France

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Guichard

Telephone:

First name: Francoise

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: FAURE-FEDIGAN

Telephone:

First name: Christine

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 Canada - Ministry of Foreign Affairs and International Trade

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

Canada

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

Mr. ☒ Ms. ☐

Last name: McCormick

Telephone:

First name: Rachel

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:**

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: .....

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**Name of the entity:**

RWE Power AG

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

Germany

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

Mr. ☒ Ms. ☐

Last name: Kons

Telephone:

First name: Ludwig

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Aguilera Lagos

Telephone:

First name: Antonio

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:**

Netherlands' Ministry of Economic Affairs, Agriculture and Innovation (EL&I)

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

Netherlands

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

Mr. ☒ Ms. ☐

Last name: Blanson Henkemans

Telephone:

First name: Maurits

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Van Efferink

Telephone:

First name: Elske

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.