

CDM-MOC-FORM Form: ANNEX 2

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

Change name of 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.

Add project participant

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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:

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

Add project participant

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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.

Add project participant

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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.

Add project participant

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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.