CDM-MOC-FORM Form: ANNEX 2

Date of submission	20/11/2009
Section 1: Project Details	
1. Title of the CDM project activity	Curva de Rodas and La Pradera landfill gas management project
2. Please state project ID Number if available	2183
Section 2: Addition/change of name of a project participant	
The following entity is hereby added as a project participant 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: Green Gas Colombia S.A. E.S.P.	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorised signatory):	Mr.
Last name: Delgado	Telephone:
First name: Miguel	Fax:
Email: Mr.	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:	
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:	

Name of the entity: Green Gas International B.V.	
Party (country that authorised participation):	
Contact details (primary authorised signatory):	Mr.
Last name: Norval	Telephone:
First name: Christiaan Michiel	Fax:
Email: Mr.	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:	
Name of the entity: Green Gas Germany GmbH	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorised signatory):	Mr.
Last name: Shekleton	Telephone:
First name: Robert	Fax:
Email: Mr.	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:	