CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

| Date of submission: | | | 05/09/2012 | |
|---|---|--|----------------------|--|
| SECTION 1: CD | M PROJECT/PROG | RAMME OF ACTIVITIES | DETAILS | |
| Title of the project / programme of activities: | | Uganda Nile Basin Reforestation Project No.5 | | |
| Project / programme of activities reference number: | | 4466 | | |
| SECTION 2: ADDITIO | | SAL NAME OF A PROJEC ΓΥ/IES | T PARTICIPANT | |
| | led as a project particip By providing a specime | ant or is newly named in respe | ect of the above CDM | |
| Name of entity: The Okinawa Electric Power Co., In | nc. | | | |
| Address: 5-2-1 ,Makiminato,Urasoe,Okinawa 901-2602 Okinawa Japan | a,901-2602 | | | |
| Party (country authorizing participation): Japan | | | | |
| End-date of participation: | ☑ N/A (participation is | is not limited in time) dd/mr | n/yyyy | |
| Contact details (primary authorized signatory): | | Mr. ⊠ Ms.□ | | |
| Last name: Tamaki | | Telephone 1: | | |
| First name: Masahiro | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | |
| ☐ Add project participant entity ☐ Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit | led as a project particip By providing a specime | ant or is newly named in respe | ect of the above CDM | |
| Name of entity: The Tokyo Electric Power Company, Incorporated | | | | |
| Address: 1-3 Uchisaiwai-cho 1-Chome, Chiy 100-8560 Tokyo Japan | oda-ku, Tokyo, 100-8560 |), Japan | | |
| Party (country authorizing partic Japan | ipation): | | | |
| End-date of participation: | ☑ N/A (participation is | is not limited in time) dd/mr | n/yyyy | |
| Contact details (primary authoriz | zed signatory): | Mr. ⋈ Ms. □ | | |
| Last name: Kageyama | | Telephone 1: | | |
| First name: Yoshihiro | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | |
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| Contact details (alternate authorized signatory): | Mr. ⋈ Ms. □ | |
|--|-------------------------|------------------|
| Last name: Kimura | Telephone 1: | |
| First name: Atsushi | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| | | |
| Signature(s) of the focal point for scope of authority (b) | | |
| Name of authorized signatory: | Signature | Date: dd/mm/yyyy |
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