

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

<b>Date of submission</b>		27/08/2010
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	NISCO Converter Gas Recovery and Utilization for Power Generation Project	
<b>2. Please state reference Number if available</b>	2469	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant <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> ITALCEMENTI S.P.A.		
<b>Party (country that authorised participation):</b> Italy		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: FERRARIO	Telephone:	
First name: GIOVANNI	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: OJAN	Telephone:	
First name: MANUELA	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:**

Government of Italy - Ministry for the Environment, Land and Sea

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

Italy

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

Mr. ☒ Ms. ☐

Last name: Clini

Telephone:

First name: Corrado

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

☐ Change name of project participant

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**Name of the entity:**

CEMENTERIE ALDO BARBETTI S.P.A.

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

Italy

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

Mr. ☐ Ms. ☒

Last name: Barbetti

Telephone:

First name: Maria Antonella

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:**

IRIDE MERCATO S.P.A.

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

Italy

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

Mr. ☒ Ms. ☐

Last name: Bazzano

Telephone:

First name: Roberto

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

☐ Change name of project participant

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Name of the entity:

ERG S.P.A.

Party (country that authorised participation):

Italy

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: GARRONE

Telephone:

First name: ALESSANDRO

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

☐ Change name of project participant

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**Name of the entity:**

ENEL TRADE S.P.A.

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

Italy

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

Mr. ☒ Ms. ☐

Last name: Deodati

Telephone:

First name: Giuseppe

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.