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:		26/09/2012	
SECTION 1: CDM PROJECT/PROGRAMME 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: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Sumitomo Joint Electric Power Co., Ltd.			
Address: 16-5 Isouracho, Niihana City, Ehime Pref, Japan 00000 Niihana City Japan			
Party (country authorizing participation): Japan			
End-date of participation:	-date of participation: N/A (participation is not limited in time) □ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Taniguchi		Telephone 1:	
First name: Kyoji		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ⊠ Ms.□	
Last name: Osaki		Telephone 1:	
First name: Kei		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Suntory Holdings Limited			
Address: 2-3-3 Daiba, Minato-ku, Tokyo 135-8631, Japan 135-8631 Tokyo Japan			
Party (country authorizing participation):			
Japan Salat Control of the Control o			
End-date of participation:	N/A (participation i	s not limited in time) dd/mm/yyyy	

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Contact details (primary authorized signatory):	Mr.⊠ Ms.□		
Last name: Kenji	Telephone 1:		
First name: Naiki	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□		
Last name: Shiina	Telephone 1:		
First name: Takenobu	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		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			