

Form: ANNEX 2

Date of submission		23/01/2012
Section 1: Project Details		
1. Title of the CDM project activity	Wigton Wind Farm Project (WWF)	
2. Please state reference number if available	0239	
Section 2: <u>Addition/change of name of a project participant</u>		
<input type="checkbox"/> Add project participant <input checked="" 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: Netherlands' Ministry of Infrastructure and the Environment (IenM)		
Party (country that authorised participation): Netherlands		
Former name of project participant: The State of the Netherlands, acting through the Netherlands Ministry of Housing, Spatial Planning and the Environment (VROM)		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Goote	Telephone:	
First name: Maas	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
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.		
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:

☒ Project Participant

☒ Focal Point

Name of the entity:

Corporación Andina de Fomento (CAF)

Party (country that authorised participation):

Netherlands

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Gomez

Telephone:

First name: Mary

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Rojas

Telephone:

First name: Camilo

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.