

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

<b>Date of submission</b>		22/11/2010
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	D.light Rural Lighting Project	
<b>2. Please state reference Number if available</b>	2699	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> <b>Add project participant</b> <input type="checkbox"/> <b>Change name of project participant</b> <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> D.light Design		
<b>Party (country that authorised participation):</b> Germany		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Goldman	Telephone:	
First name: Sam	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	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.		

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:

atmosfair GmbH

Party (country that authorised participation):

Germany

Contact details (primary authorized signatory):

Mr.  Ms.

Last name: Wagner

Telephone:

First name: Barbara

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr.  Ms.

Last name: Zerzawy

Telephone:

First name: Florian

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.