

CDM-MOC-FORM Form: ANNEX 2

Date of submission		25/07/2012
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Uganda Nile Basin Reforestation Project No.5	
2. Please state reference Number if available	4466	
SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT		
<input checked="" type="checkbox"/> Add project participant <input 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: Eco-Carbone S.A.S		
Party (country that authorised participation): France		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kreiss	Telephone:	
First name: Olivier	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Bouzanquet	Telephone:	
First name: Thomas	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:

Kingdom of Spain-Ministry of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Magro Andrade

Telephone:

First name: Susana

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Soler Vera

Telephone:

First name: Alberto

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.