

CDM-MOC-FORM Form: ANNEX 2

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|---|---|------------------|
| Date of submission | | 17/06/2011 |
| SECTION 1: PROJECT DETAILS | | |
| 1. Title of the CDM project activity | Rwanda Electrogaz Compact Fluorescent Lamp (CFL) distribution project | |
| 2. Please state reference Number if available | 3404 | |
| 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: Government of Italy - Ministry for the Environment Land and Sea | | |
| Party (country that authorised participation): Italy | | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Clini | Telephone: | |
| First name: Corrado | 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. | | |

☒ 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:

Bruxelles Environnement - IBGE

Party (country that authorised participation):

Belgium

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Huytebroeck

Telephone:

First name: Evelyne

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Hannequart

Telephone:

First name: Jean-Pierre

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 Spain - Ministry of the Environment and Rural and Marine Affairs & Ministry of Economy and Finance

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Montalvo Santamaria

Telephone:

First name: Alicia

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Garda Andres

Telephone:

First name: Gonzalo

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:

KfW

Party (country that authorised participation):

Germany

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Mulder

Telephone:

First name: Karin

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Annette

Telephone:

First name: Detken

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.