

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

<b>Date of submission</b>		06/05/2011
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	Rwanda Electrogaz Compact Fluorescent Lamp (CFL) distribution project	
<b>2. Please state reference Number if available</b>	3404	
<b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant <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> BASF SE		
<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: Evers	Telephone:	
First name: Horatio	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Merger	Telephone:	
First name: Roland	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:**

Austria-Kommunalkredit Public Consulting GmbH

**Party (country that authorised participation):**

Austria

**Contact details (primary authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Amerstorfer

Telephone:

First name: Alexandra

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Eichberger

Telephone:

First name: Sascha

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 Canada-Ministry of Foreign Affairs and International Trade

**Party (country that authorised participation):**

Canada

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Pringle

Telephone:

First name: Gary

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☐ Ms. ☐

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

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**Name of the entity:**

Maersk Olie og Gas AS

**Party (country that authorised participation):**

Denmark

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Norgaard

Telephone:

First name: Torben

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Ng

Telephone:

First name: Chris

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

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**Name of the entity:**

DONG Naturgas A/S

**Party (country that authorised participation):**

Denmark

**Contact details (primary authorized signatory):**

Mr. ☐ Ms. ☒

Last name: Harpsøe Braten

Telephone:

First name: Cilla

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Green

Telephone:

First name: Gavin

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

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**Name of the entity:**

Goteborg Energi AB

**Party (country that authorised participation):**

Sweden

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Dalman

Telephone:

First name: Bengt Goran

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☐ Ms. ☐

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.