

**Form: ANNEX 2**

<b>Date of submission</b>		23/01/2012
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Vinasse Anaerobic Treatment Project - Compañía Licorera de Nicaragua, S. A. (CLNSA)	
<b>2. Please state reference number if available</b>	0675	
<b>Section 2: <u>Addition/change of name</u> of a project participant</b>		
<input type="checkbox"/> Add project participant <input checked="" 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> Netherlands' Ministry of Infrastructure and the Environment (IenM)		
<b>Party (country that authorised participation):</b> Netherlands		
<b>Former name of project participant:</b> The State of the Netherlands, acting through the Netherlands Ministry of Housing, Spatial Planning and the Environment (VROM)		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Goote	Telephone:	
First name: Maas	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.		
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		

**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.