

# CDM-MOC-FORM Form: ANNEX 2

<b>Date of submission</b>		18/08/2011
<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> EDP Energias de Portugal, S.A		
<b>Party (country that authorised participation):</b> Spain		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: LOBO FERREIRA	Telephone:	
First name: HENRIQUE	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:**

ENDESA Generacion, SA.

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Corregidor

Telephone:

First name: David

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:**

GAS NATURAL SDG, S.A.

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

Spain

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

Mr. ☐ Ms. ☒

Last name: Sanz Garcia

Telephone:

First name: Rosa Ma

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Mateos Bermejo

Telephone:

First name: Elena

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:**

Hidroelectrica del Cantabrico, S.A

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Garcia Marinas

Telephone:

First name: Juan Carlos

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:**

Statkraft Carbon Invest AS

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

Norway

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

Mr. ☐ Ms. ☒

Last name: Bolle

Telephone:

First name: Anne

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Viddal

Telephone:

First name: Mari Grooss

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

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**Name of the entity:**

Statoil ASA

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

Norway

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

Mr. ☒ Ms. ☐

Last name: Egeland

Telephone:

First name: Thomas B

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Gautesen

Telephone:

First name: Kristian L

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:**

Schweizerische Rückversicherungsgesellschafts AG (Swiss RE)

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

Switzerland

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

Mr. ☒ Ms. ☐

Last name: ECKERT

Telephone:

First name: Vincent

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: SPIEGEL

Telephone:

First name: Andreas

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.