

CDM-MOC-FORM Form: ANNEX 2

Date of submission		08/05/2012
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	India-FaL-G Brick and Blocks Project No.2.	
2. Please state reference Number if available	4585	
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: DONG Naturgas A/S		
Party (country that authorised participation): Denmark		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Green	Telephone:	
First name: Gavin	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Gynther	Telephone:	
First name: Mikael	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:

Danish Ministry of Climate, Energy and Building

Party (country that authorised participation):

Denmark

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Van Maarschalkerweerd

Telephone:

First name: Christian

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Havskov Sorensen

Telephone:

First name: Kristian

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

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Name of the entity:

Nordjysk Elhandel A/S

Party (country that authorised participation):

Denmark

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Lynge Rydahl

Telephone:

First name: Bo

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Treumer Andersen

Telephone:

First name: Rene

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:

Goteborg Energi AB

Party (country that authorised participation):

Sweden

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Brandstrom

Telephone:

First name: Lotta

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.