

CDM-MOC-FORM Form: ANNEX 2

Date of submission		10/11/2009
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Animal Manure Management System (AMMS) GHG Mitigation Project , Shandong Minhe Livestock Co. Ltd., Penglai, Shandong Province, P.R. of China	
2. Please state reference Number if available	1891	
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: RAUTARUUKKI OYJ		
Party (country that authorised participation): Finland		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Hemminki	Telephone:	
First name: Toni	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Miikkulainen	Telephone:	
First name: Auli	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:

BASF SE

Party (country that authorised participation):

Germany

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Evers

Telephone:

First name: Horatio

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Poensgen

Telephone:

First name: Thomas

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.

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Name of the entity:

KfW

Party (country that authorised participation):

Germany

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Sekinger

Telephone:

First name: Florian

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Durth

Telephone:

First name: Rainer

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

FUJIFILM Corporation

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Ohki

Telephone:

First name: Nobutaka

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Shibata

Telephone:

First name: Yoshinori

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

Idemitsu Kosan Co., Ltd.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Kobayashi

Telephone:

First name: Kan

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Koseki

Telephone:

First name: Naoko

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

Nippon Oil Corporation

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Yamanishi

Telephone:

First name: Sadami

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Tsuchida

Telephone:

First name: Shinichi

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

The Okinawa Electric Power Corporation, Incorporated

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Nakachi

Telephone:

First name: Hiroaki

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:

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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:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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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: Puertas Agudo

Telephone:

First name: Juan

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:

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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: Hedenstedt

Telephone:

First name: Anders

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.