

# CDM-MOC-FORM Form: ANNEX 2

<b>Date of submission</b>		18/03/2010
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity</b>	La Venta II	
<b>2. Please state reference Number if available</b>	0846	
<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> AZULIBER 1, S.L.		
<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: Maeso	Telephone:	
First name: Fernando	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:

COMAC

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Zaragoza

Telephone:

First name: Aniceto

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Ibanez

Telephone:

First name: Ramon

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:**

COMPANIA ESPANOLA DE PETROLEOS, S.A. CEPESA

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Miro

Telephone:

First name: Pedro

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.

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**Name of the entity:**

Endesa Generacion, S.A.

**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.

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**Name of the entity:**

E.ON GENERACION

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Anzola Perez

Telephone:

First name: Javier

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☐ Ms. ☒

Last name: Preuss

Telephone:

First name: Larissa

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: Sanz Garcia

Telephone:

First name: Rosa M

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:**

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: .....

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**Name of the entity:**

IBERDROLA GENERACION S.A.U

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Alonso de las Fuentes

Telephone:

First name: Felix

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Relano Cobian

Telephone:

First name: Gregorio

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:

REPSOL YPF

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Alvarez-Pedroza

Telephone:

First name: Ramon

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:**

ZEROEMISSIONS CARBON TRUST, S.A.

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

Spain

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

Mr. ☒ Ms. ☐

Last name: Rodriguez-Izquierdo

Telephone:

First name: Emilio

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Medina

Telephone:

First name: Jose Luis

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.