

## CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

<b>Date of submission:</b>	24/02/2016
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project/programme of activities:</b>	PoA for the Reduction of emission from non-renewable fuel from cooking at household level
<b>Project/programme of activities reference number:</b>	7359
<b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</b>	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> Green Development AS	
<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Ethiopia	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> Green Development AS	
<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Kenya	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> Green Development AS	

<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Madagascar	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> Green Development AS	
<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Malawi	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> Green Development AS	
<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Nigeria	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	

<b>Name of entity:</b> Green Development AS	
<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Uganda	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> Green Development AS	
<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Zambia	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> Green Development AS	
<b>Address:</b> Wergelandsvei 27 0167 Oslo Norway	
<b>Party (country authorizing participation):</b> Mozambique	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Norstebo	Telephone 1:
First name: Havard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	

**The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:**

☒ Project Participant

☒ Focal Point

**Name of entity:**

Green Development AS

**Address:**

Wegelandsvei 27  
0167 Oslo  
Norway

**Party (country authorizing participation):**

Norway

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

Mr. ☒ Ms. ☐

Last name: Norstebo

Telephone 1:

First name: Havard

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

**The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:**

☒ Project Participant

☐ Focal Point

**Name of entity:**

Nordic Environment Finance Corporation

**Address:**

Fabianinkatu 34  
P.O.Box 241  
00171 Helsinki  
Finland

**Party (country authorizing participation):**

Norway

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

Mr. ☐ Ms. ☒

Last name: Lindegaard

Telephone 1:

First name: Helle

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

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

Mr. ☐ Ms. ☒

Last name: Nyberg

Telephone 1:

First name: Tina

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

**Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (\*)**

Name of authorized signatory:

Signature

Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per entity is required.)

(\*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)

**DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.****If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.**