

## 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>		20/06/2016
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>		
<b>Title of the project/programme of activities:</b>	Olkaria II Geothermal Expansion Project	
<b>Project/programme of activities reference number:</b>	3773	
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>		
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
<b>Name of entity:</b> Dong Energy Salg & Service A/S		
<b>Address:</b> Teknikerbyen 25, 2830 Virum Denmark		
<b>Former name of project participant entity (if applicable):</b> DONG Naturgas A/S		
<b>Party (country authorizing participation):</b> Denmark		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Saini	Telephone 1:	
First name: Harish	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Signature(s) of the focal point for scope of authority (b)</b> Name of authorized signatory: _____ Signature _____ Date: dd/mm/yyyy _____		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)		
<b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point		
<b>Name of entity:</b> Aalborg Portland A/S		

<b>Address:</b> Rordalsvej 44, 9220 Aalborg Ost Denmark	
<b>Party (country authorizing participation):</b> Denmark	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Holm Christensen	Telephone 1:
First name: Soren	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 type="checkbox"/> Focal Point	
<b>Name of entity:</b> Maersk Olie og Gas A/S	
<b>Address:</b> Esplanaden 50, DK-1263 Copenhagen K Denmark	
<b>Party (country authorizing participation):</b> Denmark	
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Jensen	Telephone 1:
First name: Anne	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Wilks	Telephone 1:
First name: Matthew	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 type="checkbox"/> Focal Point	
<b>Name of entity:</b> Danish Ministry of Climate, Energy and Building/Danish Energy Agency	
<b>Address:</b> Amaliegade 44, 1256 Copenhagen K Denmark	
<b>Party (country authorizing participation):</b> Denmark	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Havskov Sorensen	Telephone 1:
First name: Kristian	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Beck		Telephone 1:	
First name: Anton		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)</b>			
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)			
<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.</b>			
<b>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.</b>			