

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.

Date of submission:		08/11/2012	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Uganda Nile Basin Reforestation Project No.3	
Project/programme of activities reference number:		1578	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> 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.			
Name of entity: Kingdom of Spain - Ministry of Agriculture, Food and Environment and Ministry of Economy and Competitiveness			
Address: Alcala, 92, Madrid 28009, Spain 28009 Madrid Spain			
Former name of project participant entity (if applicable): Kingdom of Spain - Ministry of Environment and Rural and Marine Affairs & Ministry of Economy and Finance			
Party (country authorizing participation): Spain			
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Magro Andrade		Telephone 1:	
First name: Susana		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Soler Vera		Telephone 1:	
First name: Alberto		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of authority (b)			
Name of authorized signatory:		Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			