# 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.

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| **Date of submission:** | 30/05/2017 |
| **CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS** | |
| **Title of the project/programme of activities:** | Rwanda Electrogaz Compact Fluorescent Lamp (CFL) distribution project |
| **Project/programme of activities reference number:** | 3404 |
| **SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)** | |
| **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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>BASF SE | |
| **Address:**<br>Carl-Bosch-Str. 38<br>67056 Ludwigshafen am Rhein<br>Germany | |
| **Party (country authorizing participation):**<br>Germany | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Dimmler | Telephone 1: |
| First name: Markus | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>KfW | |
| **Address:**<br>Palmengartenstrasse 5-9<br>60325 Frankfurt am Main<br>Germany | |
| **Party (country authorizing participation):**<br>Germany | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Harnisch | Telephone 1: |
| First name: Jochen | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Boerner | Telephone 1: |
| First name: Matthias | Telephone 2 (optional): |
| Email: | Fax (optional): |

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| 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Ruukki Metals Oy | |
| **Address:**<br>Harvialantie 420<br>13300 Hameenlinna<br>Finland | |
| **Party (country authorizing participation):**<br>Finland | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Huhtala | Telephone 1: |
| First name: Olavi | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Statkraft Carbon Invest AS | |
| **Address:**<br>Lilleakerveien 6<br>0283 Oslo<br>Norway | |
| **Party (country authorizing participation):**<br>Norway | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Wist | Telephone 1: |
| First name: Arne | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Statoil ASA | |
| **Address:**<br>Forusbeen 50<br>4033 Stavanger<br>Norway | |
| **Party (country authorizing participation):**<br>Norway | |
| **Contact details (primary authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Bech | Telephone 1: |
| First name: Gjertrud Groven | Telephone 2 (optional): |

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| 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Schweizerische Ruckversicherungsgesellschaft AG (Swiss Re) | |
| **Address:**<br>Mythenquai 50/60<br>8022 Zurich<br>Switzerland | |
| **Party (country authorizing participation):**<br>Switzerland | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: ECKERT | Telephone 1: |
| First name: Vincent | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Ministry of Infrastructure and the Environment (IenM) | |
| **Address:**<br>Plesmanweg 1-6<br>2597 JG The Hague<br>Netherlands | |
| **Party (country authorizing participation):**<br>Netherlands | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Havinga | Telephone 1: |
| First name: Johannes | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Daiwa Securities Co.Ltd. | |
| **Address:**<br>1-9-1 Marunouchi,Chiyoda-ku<br>100-6752 Tokyo<br>Japan | |
| **Party (country authorizing participation):**<br>Japan | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Ando | Telephone 1: |

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| First name: Masatsugu | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Idemitsu Kosan Co.,Ltd. | |
| **Address:**<br>1-1, Marunouchi 3-Chome, Chiyoda-Ku<br>100-8321 Tokyo<br>Japan | |
| **Party (country authorizing participation):**<br>Japan | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Sono | Telephone 1: |
| First name: Naoya | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Uesugi | Telephone 1: |
| First name: Kenji | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>The Okinawa Electric Power Co., Inc. | |
| **Address:**<br>5-2-1, Makiminato, Urasoe<br>901-2602 Okinawa<br>Japan | |
| **Party (country authorizing participation):**<br>Japan | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Ikehara | Telephone 1: |
| First name: Akira | 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:**<br>☒ Project Participant ☐ Focal Point | |

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| **Name of entity:**<br>Endesa Generacion, S.A. | |
| **Address:**<br>Avda.de la Borbolla 5<br>41004 Sevilla<br>Spain | |
| **Party (country authorizing participation):**<br>Spain | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Corregidor Sanz | Telephone 1: |
| First name: David | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>GAS NATURAL SDG, SA | |
| **Address:**<br>Avenida San Luis, 77, 2A.<br>28033 Madrid<br>Spain | |
| **Party (country authorizing participation):**<br>Spain | |
| **Contact details (primary authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Cortes Rodrigo | Telephone 1: |
| First name: Ana | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Landeira Morillo | Telephone 1: |
| First name: Alejandra | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Kingdom of Spain - Ministry of Agriculture, Food and Environment and Ministry of Economy and Competitiveness | |
| **Address:**<br>C/Alcala 92<br>28009 Madrid<br>Spain | |
| **Party (country authorizing participation):**<br>Spain | |
| **Contact details (primary authorized signatory):** | Mr. ☐ Ms. ☒ |

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| Last name: Ulargui Aparicio | Telephone 1: |
| First name: Valvanera | 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 |
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(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.**