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:		16/11/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Malagone SHP CDM Project, Minas Gerais, Brazil (JUN1122)	
Project / programme of activities reference number:		4676	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Allcot AG			
Address: Dammstrasse, 19 CH6301 Zug Switzerland			
Party (country authorizing participation): Switzerland			
End-date of participation:			
Contact details (primary authorized signatory):		Mr. ☑ Ms.□	
Last name: Leroy		Telephone 1:	
First name: Alexis		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.)			