

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:	09/08/2012
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	N2O Emission Reduction in Paulínia, SP, Brazil
Project/programme of activities reference number:	0116
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Rhodia Japan, Ltd.	
Address: Roppongi First Bldg., 1-9-9, Roppongi, Minato-ku 106-8540 Tokyo Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kuwahara	Telephone 1:
First name: Makoto	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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Rhodia Japan, Ltd.	
Address: Roppongi First Bldg., 1-9-9, Roppongi, Minato-ku 106-8540 Tokyo Japan	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kuwahara	Telephone 1:
First name: Makoto	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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: NATIXIS Environnement & Infrastructures	

Address: 115 rue Réaumur 75002 Paris France	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Germa	Telephone 1:
First name: Philippe	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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Noble Carbon Credits Limited	
Address: 13 Gilford Road, Sandymount 4 Dublin Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Woods	Telephone 1:
First name: Alan	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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: NATIXIS	
Address: 30 avenue Pierre Mendès-France 75013 Paris France	
Party (country authorizing participation): France	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Biet	Telephone 1:
First name: Jerome	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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	

Name of entity: NATIXIS	
Address: Cannon Bridge, 25 Dowgate Hill EC4R 2YA London France	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Biet	Telephone 1:
First name: Jerome	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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Rhodia Energy GHG SAS	
Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): France	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rosier	Telephone 1:
First name: Philippe	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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Rhodia Energy GHG SAS	
Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rosier	Telephone 1:
First name: Philippe	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.**