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:	25/10/2017
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Moldova Energy Conservation and Greenhouse Gases Emissions Reduction
Project/programme of activities reference number:	0173
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: ☒ Project Participant ☐ Focal Point	
Name of entity: Brussels – Capital Region	
Address: Avenue du Port 86c 1000 Brussels Belgium	
Party (country authorizing participation): Belgium	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Fontaine	Telephone 1:
First name: Frederic	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Ange	Telephone 1:
First name: Mikael	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: ☒ Project Participant ☐ Focal Point	
Name of entity: FUJIFILM Corporation	
Address: 9-7-3 Akasaka, Minato-ku, 107-0052 Tokyo Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Takao	Telephone 1:
First name: Ozaki	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Onuki	Telephone 1:
First name: Yoshiko	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: ☒ Project Participant ☐ Focal Point	
Name of entity: Kingdom of Belgium - Walloon Region Ministry of the Environment	
Address: Avenue Prince de Liege, 7 5100 Jambes Belgium	
Party (country authorizing participation): Belgium	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Cools	Telephone 1:
First name: Stephane	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: ☒ Project Participant ☐ Focal Point	
Name of entity: Italian Ministry for the Environment, Land and Sea	
Address: Via Cristoforo Colombo 44 00147 Rome Italy	
Party (country authorizing participation): Italy	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: La Camera	Telephone 1:
First name: Francesco	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: ☒ Project Participant ☐ Focal Point	
Name of entity: Government of Luxembourg - Ministry of the Environment	

Address: 4, Place de l'Europe L-2918 Luxembourg Luxembourg	
Party (country authorizing participation): Luxembourg	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Haine	Telephone 1:
First name: Henri	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.