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:			06/2014		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme	of activities:	Redevelopment of Tana Hydro Power Station Project			
Project / programme of activities reference number:		5023			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Goteborg Energi AB					
Address: Box 53, SE-40120 Goteborg 40120 Goteborg Sweden					
Party (country authorizing participation): Sweden					
End-date of participation:	☑ N/A (participation i	is not limited in time)			
Contact details (primary authorized signatory):		Mr. □ Ms. ⊠			
Last name: Brandstrom		Telephone 1:			
First name: Lotta		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Name of entity: Statoil ASA					
Address: Forusbeen 50, 4035 Stavanger, Norway 4035 Stavanger Norway					
Party (country authorizing participation): Norway					
End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy					
Contact details (primary authoriz	zed signatory):	Mr. ☑ Ms. □			
Last name: Gautesen		Telephone 1:			
First name: Kristian L		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			

Contact details (alternate authorized signatory):		Mr. ⊠ Ms.□			
Last name: Egeland		Telephone 1:			
First name: Thomas B		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Name of entity: Gas Natural SDG, S.A					
Address: Avda. SAN LUIS 77, 28033, Madrid, Espana 28033 Madrid Spain					
Spain Spain	Party (country authorizing participation): Spain				
End-date of participation:	End-date of participation: N/A (participation is not limited in time) □ dd/mm/yyyy				
Contact details (primary authoriz	zed signatory):	Mr. ☑ Ms. □			
Last name: Goni Esparza		Telephone 1:			
First name: Fernando		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):		Mr. ⊠ Ms. □			
Last name: Ferrer Ripoll		Telephone 1:			
First name: Carlos		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Name of entity: Hidroelectrica del Cantabrico S.A					
Address: Plaza de la Gesta 2, 33208 Oviedo, Spain 33208 Oviedo Spain					
Party (country authorizing participation): Spain					
End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy					
Contact details (primary authorized signatory):		Mr. ☑ Ms. ☐			
Last name: Garcia Marinas		Telephone 1:			
First name: Juan Carlos		Telephone 2 (optional):			

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Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yy	yy):
Signature(s) of the focal point for scope of authority		
Name of authorized signatory:	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatories	ory per focal point is required.)	