

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:	16/10/2017
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Improving Kiln Efficiency in the Brick Making Industry in Bangladesh
Project/programme of activities reference number:	5125
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: Walloon Region: Walloon Air and Climate Agency	
Address: Avenue Prince de Liege, 7 - 5100 Jambes - Belgium Belgium	
Party (country authorizing participation): Belgium	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Bruxelles Environnement - IBGE	
Address: Avenue du Port 86c -1000 Brussels Belgium	
Party (country authorizing participation): Belgium	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Fujifilm Corporation	
Address: 9-7-3 Akasaka, Minato-ku. Tokyo, 107-0052, Japan Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Government of Italy - Ministry for the Environment, Land and Sea	
Address: Via Cristofaro Colombo 44, 00147 Rome - Italy Italy	
Party (country authorizing participation): Italy	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Ministry of Sustainable Development and Infrastructure	
Address: 4, Place de L'Europe L-2918 Luxembourg Luxembourg	

Party (country authorizing participation): Luxembourg	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
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.	