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:	Date of submission:			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		Uganda Nile Basin Reforestation Project No 1		
Project / programme of activities reference number:		4939		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Add project participant entity ☐ Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.				
Name of entity: The Okinawa Electric Power Co., Inc.				
Address: 5-2-1 ,Makiminato,Urasoe,Okinawa,901-2602 901-2602 Okinawa Japan				
Party (country authorizing participation): Japan				
End-date of participation:	N/A (participation i	is not limited in time)		
Contact details (primary authorized signatory):		Mr.⊠ Ms.□		
Last name: Tamaki		Telephone 1:		
First name: Masahiro		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: The Tokyo Electric Power Company, Incorporated				
Address: 1-3 Uchisaiwai-cho 1-Chome, Chiyoda-ku, Tokyo, 100-8560, Japan 100-8560 Tokyo Japan				
Party (country authorizing participation): Japan				
End-date of participation: N/A (participation is not limited in time) □ dd/mm/yyyy				
Contact details (primary authoriz	ed signatory):	Mr. ☑ Ms. □		
Last name: Kageyama		Telephone 1:		
First name: Yoshihiro		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				

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Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □	
Last name: Kimura	Telephone 1:	
First name: Atsushi	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