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/	09/2015
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Improving Kiln Efficiency in the Brick Making Industry in Bangladesh (Bundle-2)	
Project / programme of activities reference number:		6085	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: SSAB Europe Oy			
Address: Harvialantie 420 13300 Hameenlinna Finland			
Party (country authorizing participation): Finland			
End-date of participation:	■ N/A (participation	is not limited in time) dd/mm/yyy	у
Contact details (primary authorized signatory):		Mr.⊠ Ms.□	
Last name: Huhtala		Telephone 1:	
First name: Olavi		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ⊠ Ms.□	
Last name: Lindqvist		Telephone 1:	
First name: Martin		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			