## **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.

C Ji   Project/programme of activities reference number: 0   SECTION 2: ADDITION/CHANGE OF LEGAL ENTITY   □Add project participant entity ENTITY   □Add project participant entity If selected	Project for GHG Emission Red Oxidation of HFC23 in Jiangsu Jiangsu Province, China 0011 <b>L NAME OF A PROJEC</b> (/ <b>IES</b>	uction by Thermal Meilan Chemical CO. Ltd.,
Project/programme of activities reference number: 0   SECTION 2: ADDITION/CHANGE OF LEGAL   ENTITY   □Add project participant entity   ⊠ Change legal name of project participant entity (if selected	Oxidation of HFC23 in Jiangsu Jiangsu Province, China 0011 <b>L NAME OF A PROJEC</b> (/IES	Meilan Chemical CO. Ltd.,
SECTION 2: ADDITION/CHANGE OF LEGAL ENTITY	L NAME OF A PROJECT	Γ PARTICIPANT
ENTITY Add project participant entity Change legal name of project participant entity (if selected	Z/IES	Γ PARTICIPANT
Change legal name of project participant entity (if selected	ed, indicate former name below	
☐ Add project participant entity ➢ Change legal name of project participant entity ( <i>if selected, indicate former name below</i> ) 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: Iren Mercato S.p.A		
Address: Via ss Giacomo e Filippo, 7 - 16122 - Genova 16122 Genova Italy		
Former name of project participant entity (if applicable): Iride Mercato S.p.A		
Party (country authorizing participation): Italy		
End-date of participation:Image: N/A (participation is not limited in time)Image: dd/mm/yyyy		
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗌	
Last name: Pallano T	Telephone 1:	
First name: Valter T	Telephone 2 (optional):	
Email: F	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of authority (b)Name of authorized signatory:Si	ignature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per f	focal point is required )	