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:		10/11/20	17
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Improved Cookstoves Program in Honduras "Vida Mejor con Ecofogones de Alto Rendimiento"	
Project / programme of activities reference number:		9176	
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: Envirofit International Inc.			
Address: 109 North College Avenue, Suite 200 CO 80524 Fort Collins United States of America			
Party (country authorizing participation): Honduras			
End-date of participation:	N/A (participation i ■ N/A (participation i) N/A (participat	s not limited in time) dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Lorenz		Telephone 1:	
First name: Nathan		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☑ Ms. ☐	
Last name: Marshall		Telephone 1:	
First name: Nick		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			
(Add lines for signatories as necessa	ıry. Only one signatory p	er focal point is required.)	